

AS JOSEPH WOULD

A History
of
Saint Joseph Medical Center
Wichita, Kansas
1879-1995

Sister M. Cecilia Bush, C.S.J.
In Collaboration with
James H. Thomas

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This group will be called the Congregation of St. Joseph, a cherished name which will remind the Sisters to assist and serve their dear neighbor with the same care, loving attention, charity and cordiality that the glorious St. Joseph had in serving the Holy Virgin, his most pure spouse, and the Savior Jesus, his foster-son.

—Jean-Pierre Médaille, S.J.

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Dear Reader,

Welcome to the history of St. Joseph Medical Center! You are about to embark on a historical journey which touches the depths of human courage, challenge and sacrifice. It is an inspiring saga of commitment, dedication and visionary leadership in the face of seemingly insurmountable difficulties.

Even before the formal inclusion of St. Joseph in the institutional name, this story embodies the simplicity, gentleness and charity characterized by St. Joseph, foster father of Jesus. St. Joseph's manner of serving Jesus and Mary has been modeled visibly throughout the years in the lives of the Sisters of St. Joseph and all those who worked diligently with them in this graced endeavor. The title of this book, "As Joseph Would", aptly reflects our sincere but sometimes unnoticed attempts to imitate our beloved patron.

We are deeply grateful to all who have made this story reality for us and for those who have kept these memories alive in their minds and hearts. We truly stand on the shoulders of those who have gone before us.

Just as the runner gains momentum for the race by beginning a few feet behind the starting line, so it is especially fitting that we take this time to relish and revisit our treasured past before encountering the yet unknown challenges of healthcare in the 21st century.

We sincerely thank Sister Cecilia Bush for helping us rekindle the passion of our dedication and commitment to the ministry of Catholic healthcare. May our vision of faith and mission of loving service live on through all who read this story.

Sister Helene Lentz
Vice President, Mission Development
St. Joseph Medical Center

CHAPTER I

GROWING UP WITH WICHITA



It was not the best of times in south-central France around 1650. Religious strife, political conflicts, widespread poverty and demoralizing conditions had generated a climate of alienation, division and indifference among the populace. Sensitive to the pressing needs of the people, Father Jean Pierre Médaille, a Jesuit missionary, sought to alleviate them by founding a radically different type of religious congregation in Le Puy-en-Velay. Its members, whom he called the Sisters of St. Joseph, were not to be cloistered but were to work actively among the people and to widen their scope of influence by involving lay people in their endeavors.

One group specifically targeted for the ministrations of the first six Sisters of St. Joseph was the sick poor, for whom these were the worst of times. Fully aware that basic medical needs were not being met, Father Médaille charged this pioneer group of active religious women to undertake what at the end of the twentieth century is termed “home health care”. The Sisters were to visit the sick in their homes each day at a specified time and were urged to cherish this work, since as the Founder emphasized, “God has deigned to inspire

the foundation of their little Congregation precisely for the relief of the sick poor.”¹

Neither was it the best of times in south-central Kansas in the 1870's. Hard times had followed the waning of what had been a booming cattle-trailing industry, which had brought a great infusion of cash into the local economy. Directly related to this demise of Wichita as a Cowtown was the national Panic of 1873, which also caused many farmers to abandon their land and move into town to eke out a living. Then, following on the heels of the panic was the Grasshopper Invasion of 1874 which left hundreds of families with little food and Wichita with a serious relief problem.²

Just as in Le Puy in 1650, a group of women took up the challenge of meeting human needs. Organized in 1873, the Ladies' Relief Association met weekly at the home of Mrs. B.H. Fisher to assess local poverty. During the Panic of that year, they collected clothing and bedding for the needy. When the grasshoppers plagued the area the very next year, they not only continued providing basic necessities but were able to supplement them with \$3000 in charitable donations.³

As the decade progressed, hope for a more prosperous future was gaining strength and some of the forces which would culminate in the Boom Times of the later 1880's had been set in motion. Late in 1878, *The Weekly Wichita Eagle* had declared “Wheat is King” and claimed that Sedgwick County had become one of the greatest wheat-producing counties in the nation.⁴ So eagerly were community leaders striving for the best of times that the *Eagle* issued a special “Emigration Edition” extolling the wonders of Wichita on January 8, 1879. A total of 20,000 copies of this promotional piece were printed in order to showcase “the development, present status and future prospects of Wichita and its region.”⁵

While things seemed to be looking up for the Wichita economy in 1879, the same could not be said for health care facilities, which were all but non-existent. The sad fact that this condition mirrored the worst of times came to the focus of public attention that year because of a preventable tragedy. When a young couple traveling in a covered wagon arrived in Wichita, the wife went into labor and her husband made a desperate but unsuccessful attempt to find somewhere to take

her for help. Finding nowhere to turn, he came back to hear the sound of a crying infant and to face the sad reality that his wife had hemorrhaged to death after the delivery.

Outraged that Wichita did not have the resources to prevent such an unfortunate incident from occurring, the Ladies' Relief Association once again came to the fore. They opened the Rescue Home, which would go down in history as the city's first health care facility—one that was destined to see its mission continued under several different sponsorships through all the decades of the twentieth century. In the Providence of God, one of those sponsoring groups would be the Sisters of St. Joseph, who shared with the Protestant women who founded the home in 1879 the same spirit of Christian compassion and loving service of the sick poor.

In the early 1880's the promotional efforts of Wichita's leaders began to pay off; and large numbers of people hoping to fulfill the American Dream in south-central Kansas began to arrive on the banks of the Arkansas River. In only one year, Wichita's 1883 population of 8,005 increased to 12,474 in 1884.⁶

It was during this time of growth in Wichita that six Sisters of St. Joseph en route from Rochester, New York, to Arizona arrived in Kansas and were cautioned not to continue their westward journey because of a rumored Indian uprising. Acceding to the request of Bishop Louis Mary Fink, O.S.B, of Leavenworth, the Sisters remained in Kansas and opened a school in Newton in 1883. Although their first ministry in Kansas was in the field of education, the Sisters brought with them their founder's time-honored legacy of dedication to service in health care.

While the Sisters were getting settled in Newton, conditions were quite unsettling in Wichita. Naturally, the anticipated Boom did not happen overnight and the influx of new residents severely taxed the already limited resources of the Rescue Home and other charitable organizations. After a period of good rains came a harsh winter and a general economic downturn in 1884.

Widespread efforts by charitable groups, churches and schools to collect food and clothing and to provide health care for the poor could not meet the growing demand. In the face of this crisis, the Ladies'

Relief Association reorganized and became incorporated as the Ladies' Benevolent Society with twelve charter members. Originally founded to care chiefly for women and children, this devoted group broadened its charitable horizons to include the homeless as well as the sick. They named their modest structure on South Market near Lincoln Street The Ladies' Benevolent Home; and within the first eighteen months after the home opened in September of 1885, more than two hundred clients made use of its services. Orphans were placed with families and aid was given to the needy. Thanks to generous private donations from the local community, large quantities of food, clothing and bedding were made available to the poor.⁷

Within two years after the home opened, it was filled to capacity and many people desperate for food and shelter had to be turned away. Thus, a new, larger facility was opened; and the organization supporting it was reincorporated in 1887 as the Ladies' Benevolent



Ladies' Benevolent Home and Hospital, 1021 South St. Francis, 1887.

Home and Hospital. This incorporation was a decisive step, which made the institution Wichita's first hospital, then occupying a three-story structure located at 1021 South St. Francis.

Chief of the medical staff for this fledgling hospital was Dr. George C. Purdue, who worked with a group of physicians which included Andrew H. Fabrique, acclaimed as the Father of Medicine in Wichita; James F. Oldham; Charles E. McAdams and Jacob Z. Hoffman.⁸ These pioneer doctors could now practice in a facility "especially built for hospital purposes with porches extending across the front and south of the building for the use of patients. It was equipped with gas and running water, but for heat the management depended on stoves in the rooms which they wished to heat. There were some twenty-five rooms including the office, two dining rooms and the kitchen. One dining room was used by the patients who were able to come downstairs for their meals and the other was used by the nurses. The 'help' ate in the kitchen."⁹

Thanks to continued Chamber of Commerce hype and unrestrained business optimism, the new hospital did not want for patients. "Of all the real estate booms experienced by western towns during the 19th century, few exceeded the one striking Wichita during the winter of 1886-1887," says L. Curtise Wood.¹⁰ This was the result of the great influx of new people who made Wichita one of the fastest growing cities in the nation in the middle 1880's. Then at the end of the decade came the Oklahoma Land Rush, which increased the numbers of expectant capitalists willing to uproot their families and travel to the Golden West. With more hopes than hard currency, these would-be pioneers left their homes in the East in search of opportunity and a chance to start over again. Many of them arrived in Wichita broke, malnourished and ill. This further strained the city's meager philanthropic funds and medical services.

This rapid population explosion had a marked negative effect on Wichita's first hospital, which was established during this great real estate boom. A greater demand for medical services did not result in a corresponding increase in operating income, since a majority of those employed or seeking employment in Wichita could not afford medical care. In fact, during the early days of the Ladies' Benevolent

Home and Hospital, so few patients could pay that a sliding scale, based on financial need, was devised. This consisted of a charge ranging from five to fifteen dollars a week for services rendered. The hospital staff also asked physically able charity patients to do some light domestic work in return for forgiveness of their bills.

As the institution expanded its mission to include the paying public, a new charter was drafted and filed with the state. Some aid from the city and state would help to relieve the burden of collecting funds to cover hospital operating expenses through public donations and low income patients and allow for an expansion of medical services. Thus, on June 6, 1889, the Ladies' Benevolent Home and Hospital assumed its primary role in health care and changed its name to Wichita Hospital, which reflected the transition from a charity home to its status as a modern health care institution. Under this new name, the hospital continued the tradition of the Protestant women who founded it and sought to care not only for physical needs but also to promote the spiritual well-being of patients by keeping the institution nonsectarian and welcoming priests and ministers of all denominations.¹¹

Just as Wichita Hospital was making its transition from a charitable institution organized and run by philanthropic women to a municipal medical facility, Wichita was struggling to move from being a frontier village to an urban metropolis. Relief from the difficult tasks associated with domestic chores came with the provision of running water and gas lighting. These innovations were helpful to Wichita Hospital, of course, but conditions there still left a lot to be desired. For instance, stoves were installed in the hospital's twenty-five rooms to provide heat. But this meant that during the cold weather, wood had to be hand-carried to each room; and one of the practical nurses' many duties was to tend the fires twenty-four hours a day.

Moreover, the hospital's remote location at 1021 South St. Francis was an inconvenience for both patients and staff. City leaders caught up in the frenzy of entrepreneurial development had neglected to pave streets or provide sidewalks. The street was often so muddy that it was difficult to traverse by those on foot or bicycle, and it was a nightmare for the walking ill. When the municipal trolley line was finally extended south, the nearest stop was still four blocks from the hospital door.

The original charter, establishing a not-for-profit institution “for the purpose of affording medical and surgical aid and care to sick and disabled persons of every creed, nationality or color” ran counter to the racial and social biases of elected officials and the editor of the local newspaper. This resulted in a climate of public animosity toward the hospital, which was made worse by the general distrust of hospitals and medicine prevalent at that time. People believed—with some measure of truth—that their chances of survival were greater if they avoided hospitals at all costs.¹²

The successful continued operation of Wichita Hospital would rest then on the quality of medical care given and a widespread community involvement. Fortunately, the women making up the board of directors represented the wealthy families of Wichita and were highly skilled and creative in securing funds for a wide range of charity work. In the process of gaining state funds, the directors wisely elected Governor W.E. Stanley to the hospital’s governing board. Since the health care provided was unrestricted and interdenominational, so was the fund raising for the institution. Ministers joined priests in urging their flocks to donate generously toward the care of the homeless sick. These close ties with all churches and denominations in the city improved the image of the hospital and dispelled much of the distrust of the undereducated public.

In those early years a majority of the charity patients admitted to the hospital were victims of exposure and malnutrition. After a few weeks of rest and a healthy diet, they would recover. This reassured the public that the hospital was not a place to go just to die. There was even a widely publicized, if somewhat rare, case in 1893 in which a cancerous tumor was successfully removed from the throat of a Wichita man. Actually the hospital had been in operation for more than four years before it recorded its first death, that of an unfortunate man whose skull had been crushed when he was thrown from his buggy. Given the state of medical advancement in the 1890’s, it is doubtful that even the most skilled physician could have saved him from his massive head injury. However, most people in Wichita continued to prefer home care and house calls to overnight stays in the hospital.

After years of struggle, the hospital gradually flourished until the wards overflowed and increased the pressure on chief of staff, Dr. George Purdue, and his two practical nurses. By 1893 the need for a professional nurse to supervise the support staff became obvious. This was a time when the field of nursing was changing rapidly thanks to an increase in medical knowledge and the growing demands on physicians. At hospitals in major cities in the East, professional nurses were gaining practical experience in patient care and were being required to attend classes in the medical arts. In Wichita, however, practical nurses were still largely performing domestic chores in the hospital and had little to do with direct patient care. For this reason, the arrival of Miss Frances Montford as superintendent of the hospital in 1896 marked a watershed in patient care in Wichita. The directors, wishing to hire a professionally trained nurse to run the hospital, were forced to recruit outside Kansas; and when Miss Montford arrived from Chicago, she was the first professionally trained nurse in the city. To assist her in caring for approximately thirty patients were two practical nurses, an orderly, a cook and an assistant cook.

Although local physicians were pleased to have access to modern facilities and willingly moved their critically ill patients to the hospital, they were not accustomed to having professional nurses to assist them. Miss Montford, however, soon proved to skeptical doctors that nurses, skilled in a wide range of medical procedures, were required for optimum patient care. The result was that nurses quickly became viewed not as an expensive luxury but rather as a medical necessity. This realization created an unprecedented demand in the face of a critical shortage of nurses in the local community. In response, the directors of the hospital expanded their mission to include a school of nursing. The charter was amended and in 1896 a new title, Wichita Hospital and Training School for Nurses, was registered with the state. Eva C. Coulter, a graduate of the Illinois Training School for Nurses, was appointed superintendent and had the responsibility of organizing the nursing program, which was the first such program in Wichita and one of the first in the state.¹³

Wichita, unlike many other Western towns, was fortunate to have a large group of well-trained physicians whose services would

now be supplemented by the graduates from this two-year nurses' training program. Limited career opportunities for women in the 1890's, along with an increasing demand for their services in hospitals and doctors' offices as well as employment by the home-bound ill, meant that the program never wanted for applicants; and an increasing number of intelligent and dedicated young women sought to be admitted to the Wichita Hospital's nursing school.

From the school's inception, the main objective was to establish a program of the highest order and to prepare nurses who were competent both in theory and practice. Emphasis was placed on classroom work together with practical experience in working with patients. This course of instruction was given by resident and visiting physicians and surgeons, the superintendent and head nurses.

The normal work week for nursing students consisted of seventy-two hours of duty in wards and classes. If the patient load allowed, however, the young trainees could get two afternoons a week off. Anyone absent because of illness had to make up classes and practical work at the end of the term.

The school suggested that women between the ages of twenty-one and twenty-three years old, of good moral character and certifiable good health, would be the most acceptable candidates for admission to the program. Each student received room, board, laundry service and four dollars per month to cover the expense of uniforms and textbooks.

After completing the two-year program satisfactorily, graduates were given a diploma along with one hundred dollars. The first graduating class in 1898 included Misses Bessie Baldwin, Lou Rankin, Ollie McMannis and Laura Woodward.¹⁴

Graduates who chose not to work at Wichita Hospital were assisted in finding suitable employment by the school's placement service; and as nurses demonstrated their skills such placement grew increasingly easier as demand for their services in regional hospitals, doctors' offices and private duty gained momentum.

The nursing school was under the special supervision of twenty prominent Wichita women who served as the Training School Committee of the hospital's Board of Trustees.

With this expansion into nursing education and increased patronage came a drive to enlarge the hospital's physical plant. One additional room was built, but this did little to relieve congestion in the wards where patients overflowed rooms and filled hallways. The directors and trustees therefore started a fund-raising drive with the stated goal of moving the hospital to a larger facility.

Early in 1898, the crowded conditions came to the attention of Isaac M. Cutler, one of the many Easterners who had invested in Wichita during the real estate boom of the 1880's; and he offered one of his properties, the Martinson Building, for hospital purposes. This structure, located on the corner of Douglas and Seneca, was in the heart of the West Wichita business district. Because of being adjacent to paved streets and having public transportation readily available, patient access to the hospital would be much improved.

The Martinson Building had been constructed to house the West Side National Bank, a grocery store, a watch factory and an insurance



The Martinson Building, formerly West Side National Bank at Seneca and Douglas, was remodeled to become Wichita Hospital, 1898.

agency. In the late 1880's, however, after the real estate boom had foundered, the vacant building had been converted into apartments. Cutler signed a binding contract giving Wichita Hospital use of the building but making the stipulation that if the hospital vacated it, the title would revert to the heirs of his estate.

Built at a reported cost of \$60,000, the three-story brick structure required an additional \$10,000 in private donations for renovations needed to convert it for hospital use. When this remodeling was completed in 1898, the Wichita Hospital moved there from its three-story wooden structure and was as modern as any medical facility within several hundred miles. Indeed the handsome red-brick structure was a visible reminder of how much progress the institution had made since its founding. And the pace of change was accelerating. The hospital rapidly expanded its range of services thanks to a medical and surgical staff of twenty physicians along with three specialists in eye, ear, nose and throat as well as a director of anesthesia.

The hospital was no longer a place where only the homeless ill could recover strength. It had become a professional establishment where all major and minor medical conditions could be treated. It was now under the management of a board of twenty women directors and eight Wichita businessmen who made up the Board of Trustees, and who boasted, with good reason, that the Wichita Hospital was the best facility of its kind west of Topeka, and one of the largest, best-equipped and most modern hospitals in the West.

However, the public had not cast aside long-standing folk customs and fondness for home remedies and still showed reluctance to embrace new advancements in medicine. When Dr. William Graves, who had received training in pathology at Northwestern University, attempted to introduce his new branch of medicine at Wichita Hospital, he had to contend with these prejudices. Even some of the attending physicians could find little use for his microscopic search for disease nor could they see a practical application for tissue culture work. After doing most of his work for charity, finding that few doctors would use his service and that most patients refused to pay an additional fee for laboratory work, Dr. Graves closed his laboratory. In a short time, however, medical necessity overcame provincial

thinking and Wichita Hospital established its own pathology laboratory.

Other major steps also were taken at the hospital as physicians in Wichita and Kansas joined their counterparts in trying to provide the public with quality health care. The American Medical Association (AMA), organized in New York in 1848, had dedicated itself to requiring that all doctors and health care professionals have quality education. By the turn of the twentieth century, however, there were still a large number of homeopaths and allopaths practicing. Homeopaths believed they could cure illness by administering small doses of drugs, which if given in large doses to a healthy person, could cause the same symptoms. Allopaths treated disease by giving some drug that would produce the opposite effect to the ailment.

Eventually, the AMA's drive to provide better medical care to the public led to stricter licensing procedures for doctors and the schools educating them. In 1904, the AMA created its Council of Medical Education, which began rating medical schools on a scale from A to C. By 1910, under the direction of Arthur Dean Boran, this council succeeded in cutting the number of medical schools in the country from 166 to 131. This culminated in 1910 with the AMA issuance of the Flexner Report, named for its author Abraham Flexner, which rated medical schools on suitability. The schools he condemned soon closed their doors or improved their curricula and met the standards of approved schools.

At the same time the public in Kansas, both in Wichita and in the surrounding rural area, was becoming sufficiently educated about medicine to demand that better measures be taken to improve community health. Tons of raw sewage and runoff from animal pens were still flowing into the Arkansas River each day and seeped into underground water supplies. The waste dropped by horses on city streets was tracked indoors during wet periods and pulverized into airborne dust during dry, windy weather. Those who understood the dangerous conditions suggested that the city was ripe for a major epidemic.¹⁵

With increased public health education and a bit of luck, the impending disaster failed to materialize. In the Wichita Hospital, patients with life-threatening contagious diseases were isolated in a

small house located directly west of the hospital. In order to limit the possibilities of an epidemic, student nurses were assigned to twenty-four hour shifts to care for these patients.

The author of the Wichita Hospital's annual report, perhaps aware that a portion of the public still had lingering fears about the expertise of medical professionals and were skeptical about the effectiveness of hospitals as healing institutions, suggested that these misgivings had long since disappeared from the minds of people who have experienced the advantages of its treatment, and who knew of the sanitary conditions and aseptic methods employed.

During this period, many people also believed in the theory of climatological cure...that the environment played a large role in healing many diseases. It was this belief that fresh air, sunshine and sanitary conditions would aid the healing process that dictated the way the Martinson Building was remodeled around the turn of the twentieth century. Each room had outside windows, hallways were graced with sky lights; and the surgical room had immense plate-glass windows. The woodwork was painted with white enamel. The floors, impervious to moisture and easily kept aseptic, provided the backdrop for comfortable furniture, potted plants and rugs in rooms flooded with sunlight.

During this remodeling, the hospital was transformed into what one writer called an oasis where "beauty and comfort everywhere abound. The sweet-faced, whitecapped nurses moving quietly around give an air of comfort and completeness." Those who had experienced the primitive living conditions of a frontier cowtown twenty years earlier could enjoy all the marvels and wonders of progress in this single building.

The new hospital, located on the corner of Douglas and Seneca, had the distinct advantages of having a trolley line and a paved street. But on the downside was the fact that during the work week, noise from the busy business district floated through the hospital as freight wagons rumbled down the street from early in the morning until late at night. Patients in rooms facing Seneca or Douglas had their rest interrupted by the constant street noise. The noise was worse in the fall and spring when physicians wanted the windows to be open in the belief that fresh air contained great healing properties.

Yet Wichita Hospital gained a regional reputation as a successful healing institution, because it offered all the best that medicine had mastered up to that time; and the local community responded by contributing money, services and furnishings for the facility. Church groups, school children, businesses, charity organizations, civic clubs, private citizens and the Wichita Fire Department furnished individual rooms. The wards were divided by sex, age, color and the ability to pay. Special care was given to lounge areas where recovering patients could read, relax or visit with family members.

By the end of the first decade of the twentieth century, then, the general public's fear of modern hospital care had diminished to a great extent. Each year Wichita Hospital could announce that it had broken all its previous records for the number of patients and thus the board of directors was again confronted with the need to find a solution for overcrowded conditions. The board's first impulse was to move the hospital from west Wichita and away from the noisy business district. An initiative in that direction came in 1911, when a suitable building site in College Hill was donated to the hospital. But the directors were unable to raise the funds required to erect a new facility.

The solution that most readily suggested itself was to sell the Martinson Building and use the money to finance the new construction. If, however, the hospital moved out of the building, it could not be sold, because when Isaac Cutler had allowed the hospital to use the



A five-story annex called the "West Side" seen at left was constructed in 1917.

building, it had been agreed that the property would return to the Cutler estate if the hospital vacated it.

For this reason, by 1912 the hospital's directors had abandoned the idea of constructing a totally new facility and had begun to plan for an addition to the Martinson Building. Fortunately, previous directors had foreseen the possibility of expansion and had wisely purchased the remaining vacant lots on the block. Then as crowded conditions became acute, the directors took the only course left open to them. They took a \$70,000 mortgage on the hospital property and began expanding the old facility as well as remodeling part of the original building. This five-story annex became commonly known as the "West Side" ; and it extended to Dodge Street. This addition included fifty new private patient rooms and brought the bed capacity of Wichita Hospital up to 135. It had four floors for patients, three operating rooms, a delivery room and an updated emergency room adjoining an ambulance entrance on the east side of the addition.¹⁶ In order to block out the constant street noise, the walls were covered with the latest soundproofing material. The grand opening was celebrated with an open house for all interested Wichita residents on January 1, 1917.¹⁷

With the expansion completed, patients were transferred from the third floor of the old hospital to the new addition, thereby making space available to house the nursing staff. Students, who had been scattered in small apartments located above businesses along the busy commercial district, could now be housed together in one area of the institution.

As the hospital continued to grow, so did the nursing school progress. Back in 1905, it had expanded its program from a two-year to a three-year curriculum. In 1911 the graduates of the Wichita Hospital nursing school organized an Alumnae Association, which assumed leadership in the state of Kansas. Although their meetings were partly social, their main focus was to advance the nursing profession. Thanks to an evergrowing demand for qualified nurses, it was apparent to them that a statewide organization was needed to set standards for the profession. Across the nation, some hospitals operated nursing schools for the sole purpose of securing inexpensive,



Beginning in 1911 the Wichita Hospital Nursing Alumnae led the state in promoting professionalism. 1911 graduates, not in order on photograph: Elizabeth Costin, Volinia Fortescue, Agnes Haffron, Mabel Haffner, Vera Scott, Edna Davis, Eva Ackles, and Edith Thornquist.

unskilled labor for their wards. This training, usually termed “practical”, translated into making beds, emptying bed pans, mopping floors, feeding patients and carrying wood and coal to stoves in patients’ rooms. Such a rigorous work day of twelve hours for these “practical nurses” left little time or energy for study or classroom instruction. If no distinction could be made between nurses who had received a genuine medical education and those so-called practical nurses, who had been taught only domestic skills with little formal classroom education, then the diplomas awarded at Wichita Hospital would be devalued.

Because of this fact, in 1912, only one year after they had organized, the Alumnae Association promoted a statewide meeting of Kansas nurses; and at that historic gathering the Kansas State Association of Graduate Nurses was formed. It was this group which was successful in lobbying for the creation of a state licensing procedure

for certified nurses.¹⁸ The first state test was administered in Wichita at the Eaton Hotel December 30 and 31, 1913. Mary Fry, fortunate to have completed her nursing program at mid-year, paid her five-dollar examination fee to become one of the first ten Kansas nurses to take the statewide test. She was awarded a passing score of eighty-two on her essays.¹⁹

In this second decade of the twentieth century, Wichita doctors faced quite a different problem, when the supply of physicians far outstripped the demand for their services. Most families still treated all but major illness and broken bones at home. If the services of physicians were required, doctors were expected to make house calls. Thus, speed in answering these calls made for a profitable practice. When the request for help was made, it was standard procedure for the patient to notify several physicians. The first to arrive at the door collected a fee—about three dollars—for his service. The doctor's little black bag contained most of the pharmaceuticals used for treatment of common illnesses, since the age of miracle drugs was decades away and most drugs prescribed by doctors could be bought over the counter at the local drug store. The physicians on the staff of Wichita Hospital primarily performed surgery and cared for the critically ill.

At a time when many diseases could be diagnosed but few drugs were available, suffering patients were often given opium and told to rest. Not only were opiates legal at this time, but opium, heroin and cocaine were readily available without prescription at drug stores and were widely used by the public as painkillers.

One enterprising physician of this era was Harry T. Davidson, M.D., who started his medical practice in Wichita in 1913. He suggested that a combination of aspirin and bed rest was the most commonly prescribed treatment for most ailments. Thanks to his reputation among the Mexican laborers working for the Santa Fe railroad, Dr. Davidson soon found a market niche by specializing in obstetrics. When one of the laborers' wives went into labor, an English-speaking interpreter would call Dr. Davidson, who would speed to the expectant mother's home to deliver the baby for a charge of ten dollars.²⁰

At this time medical insurance among the laboring class in

Wichita was a rarity. In fact, most of them could not afford a hospital visit. Mexican women, like almost all other women in the community, usually gave birth at home. Often the attending physician had never met the woman before; and after the delivery, the physician would leave and never see the baby or mother again. Prenatal and postnatal care costs were far beyond the budgets of most families.

When the United States entered World War I in 1917, many members of the medical staff at Wichita Hospital answered the call for volunteers. The military actively sought to recruit medical personnel for service both in the United States and overseas. As the national patriotic spirit increased, Wichita Hospital suffered a critical shortage of health care professionals. Many nurses and nursing school graduates also signed with the Red Cross for tours of duty both stateside and in the European theater.



One of the many Wichita Hospital School of Nursing graduates who served in World War I, 1918.

When the Great War ended in November, 1918, medical personnel began to leave the Red Cross and Army to return home. The experience of the war years, however, had a profound effect on young women. Job barriers based on gender had fallen when the call to arms created a shortage of skilled and unskilled male workers. As more jobs had opened up to them, bright young women found that their occupational choices has broadened and were no longer limited to nursing, teaching or domestic work.

By the time most of the armed forces were demobilized in the spring of 1919, the great influenza epidemic had ravaged the city, the nation and indeed the world. From the fall of 1918 until the summer of 1919, more than 600,000 Americans died of this dreaded scourge. This was more than the combined number killed in World Wars I and II, the Korean conflict and the Vietnam War. Almost every family in Wichita suffered the loss of at least one relative from the flu; and medical facilities such as Wichita Hospital were crowded far beyond their capacity. Physicians could do little for those who contracted the flu other than try to make their last hours comfortable.

*"The Big House" donated by
Ben McLean for a nurses
residence, 1919.*



The pressure for additional space in 1919 was alleviated somewhat by the gift of the McLean residence. Ben McLean, president of the Fourth National Bank and a former mayor of Wichita, had worked tirelessly to develop West Wichita. His first love, however, was his large farm located north of 21st Street and bordering the east bank of the Little Arkansas River. His house, one of the largest in the city, was located just north of the hospital and adjacent to the business district. When he decided to make the farm his primary residence, he gave his home at 313 N. Seneca to the hospital for a residence for nursing students. With the acquisition of the “Big House”, Wichita Hospital had additional space to use for an increase in medical services.²¹

This expansion of Wichita Hospital in 1919 was matched by additions to the two other major health care facilities in the city. St. Francis Hospital, begun in 1889 by the Sisters of the Sorrowful Mother, opened a new 125-bed addition on September 20, 1920. Wesley Hospital, founded in 1912, moved in 1918 to a new facility at Central and Hillside. Greater competition resulted in a loss in revenue for Wichita Hospital, while wages, goods, supplies and equipment increased in price.

Civic and church organizations, which had pushed hard to supply goods and monies for the war effort, turned their attention to rebuilding the decimated cities of Europe. This charitable effort, generous though it was, meant that fewer philanthropic dollars were available in Wichita. Moreover, the groups which in the past had subsidized the care of the poor at Wichita Hospital now had two other large hospitals requesting funds from them, while at the same time, the cost of operating the facility had quadrupled during the war years.

Faced then with escalating costs, fewer patients and a decline in charitable contributions, Wichita Hospital began operating in the red. In order to keep out of bankruptcy, the directors took out a mortgage to cover operating expenses. By 1922, it seemed that the hospital had turned a corner financially. Through strict economy and many cost-cutting measures, they were able to begin making interest payments on the debt. However, the long-term financial health of the institution was still in doubt. The decrease in patients made the possibility of reducing the principal of the loan problematic; and when the credi-

tors pressured the hospital for payment, the only solution open to the directors in order to avoid bankruptcy was to sell the facility.²²

Many private hospitals across the United States were facing similar problems. While trying to provide health care for the entire community without regard to ability of clients to pay for services, private hospitals were competing for paying patients with medical institutions supported by governmental funds or charitable agencies. Many of these private hospitals had limited capital and did not have a professional staff large enough to increase profits.

In 1922, then, L.W. Clapp approached the Sisters of St. Joseph with an offer to sell the Wichita Hospital to them. Mother Aloysia Keleher and Sister Victoria Lake were interested to the point that they inspected the facilities. They found the estimated value of the property to be \$345,500, but the asking price for it was only \$245,000. Nevertheless, the sisters were reluctant to assume such a debt load to acquire a hospital which was barely breaking even. Moreover, the competition for patients to fill the surplus hospital bed space in the city was at an all-time high. For these reasons, the Sisters of St. Joseph declined the offer.

The following year, 1923, the several institutions holding the mortgage on the hospital attempted to force the board into foreclosure. The sum owed was \$65,867. However, the directors were able to forestall foreclosure for the next two years and to continue to operate the institution under the close scrutiny of the mortgage holders. Yet even after negotiating a lengthy grace period, increasing prices for services and cutting the operating budget, the hospital failed to turn a profit.

By the spring of 1925, the hospital board was ready to reduce the price it was asking for the hospital and contacted Bishop August J. Schwertner with a new offer. A new heating plant has been added and eighteen private rooms had been refurbished at a cost of \$32,000. These changes brought the appraised worth of the institution to \$377,000. But the price negotiated with Bishop Schwertner's office for the buildings, grounds, furnishings and equipment was only \$140,000.

Even though the Sisters of St. Joseph were reluctant to assume

what they considered to be a large financial burden, they felt that the community needed the hospital and thus purchased it. Relying on their past experience in health care in Kansas and continuing their centuries-old tradition of service to the sick poor, they took the risk of being able to pay off the debt and keep the hospital open to meet the needs of the community.

Up to this time, Wichita Hospital had survived for almost a half century under often difficult circumstances. From meager beginnings as the first institution of its kind in Wichita, it had succeeded in providing the best in health care not only for the city but for the surrounding region. It had lived through several boom and bust cycles, while consistently caring for patients regardless of ability to pay. But the hospital had not been able to overcome the impact of the general economic depression following World War I.

In a sense these heroic efforts came to an end July 15, 1925, when the Sisters of St. Joseph of Wichita assumed the ownership of Wichita Hospital. In another, it was just a continuation, when on the next day, the Feast of Our Lady of Mt. Carmel, the Sisters began to operate the facility, because they were totally dedicated to the unique and renowned tradition of compassion and excellence in health care which had been the hallmark of the institution ever since the Ladies' Relief Association set up shop in the Rescue Home in 1879.

Showing their high regard for their predecessors, the Sisters did not change the name of the hospital. And in keeping with their long-standing practice of lay involvement in their charitable works, they retained Thomas F. Dawkins in his position as superintendent during the period of transition.²³

CHAPTER II

THE “LITTLE DESIGN” AND
WICHITA HOSPITAL

When Father Médaille founded the Sisters of St. Joseph around 1650, he called the new congregation the “Little Design” whose members would be few in number and only chosen souls. He believed, however, that this foundation had been “seemingly inspired by Divine Goodness” and stated that “before God, it will be whatever He, in His infinite mercy, will deign to make it.”¹

Little did he dream when he was able to get Bishop Henri de Maupas to accept the first Sisters of St. Joseph into his diocese of Le Puy in December, 1651, that his “Little Design” would spread quickly throughout France and eventually become a worldwide congregation with communities on every continent and in Oceania. Totally out of the realm of imagination for him was the appearance of his Sisters to serve those whom he called the “dear neighbor” at Wichita Hospital in 1925, some 274 years later.



A street in Le Puy, France, where the Little Design began in 1650.

Moreover, had Father Médaille's "Little Design" not have been divinely inspired, history would have been rewritten; and the Sisters would never have come to America if the French revolutionists had had their way. With the anti-clerical purge, the Sisters had their convents closed, their property confiscated and their members dispersed in order that the "Little Design" might be wiped out in France. A number of the Sisters were imprisoned and several of them guillotined for not taking the civil oath, for living together, for assisting a priest or for permitting a priest to celebrate Mass in their house.

Providentially, Mother St. John Fontbonne, who sent the first Sisters of St. Joseph to America, barely escaped the guillotine. She and two other Sisters imprisoned with her at St. Didier were preparing for their execution on the next day when they were released instead because of the fall of Robespierre on July 28, 1794. After the Revolution, Mother St. John set

about refounding the congregation. At the request of Cardinal Joseph Fesch, she opened a house of the Sisters of St. Joseph in the Lyon diocese at Saint Étienne. At the first reception ceremony of new novices there July 14, 1808, the pastor Father Piron uttered a prophetic statement: "You are indeed few, yet like a swarm of bees, you shall spread yourselves everywhere. You shall be like the stars of heaven."

His prophecy came true in short order after Mother St. John transferred the motherhouse to Lyon July 13, 1816. There she carried on the work of reorganization and unification of the congregation under a general superior and a central novitiate. During her administration, she opened two hundred houses in France and abroad, among which was the American foundation in Carondolet, a French settlement south of St. Louis. At the request of Bishop Joseph Rosati, C. M., first bishop of St. Louis, Mother St. John sent six sisters, two of them her nieces, to open a school for the deaf in his diocese in 1836.

Before long the Carondolet Sisters had established new motherhouses in the eastern United States; and as has been mentioned, it was



The first motherhouse of the Sisters of St. Joseph in Wichita, 1900. This original Mt. St. Mary Convent was destroyed by fire in 1913.

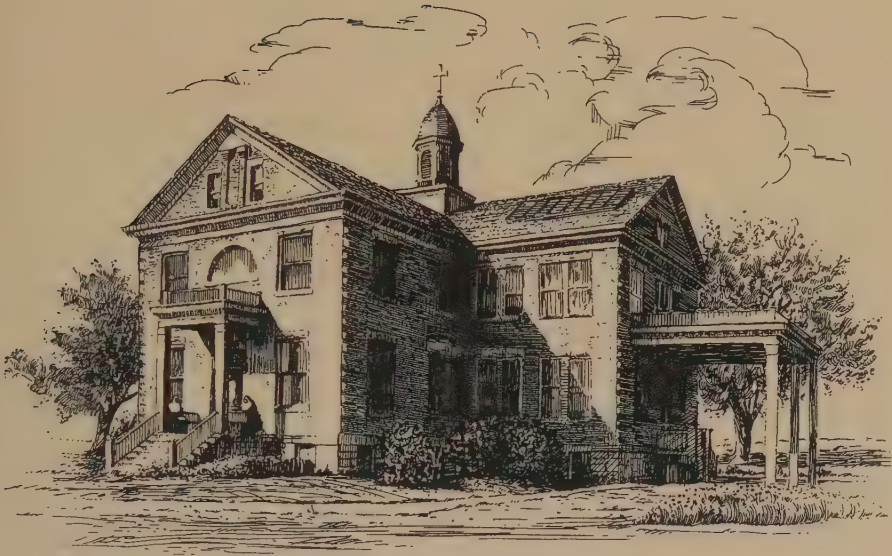
Sisters from Rochester, New York, who found their way to Kansas in 1883. When the State of Kansas was divided into dioceses in 1887, the group in Abilene was separated from the motherhouse in Concordia and in 1888 formed an independent community which would eventually be called the Sisters of St. Joseph of Wichita.

Fifteen years after they became a separate community, the Sisters opened their first hospital in Kansas in Pittsburg in 1903. Companies had advertised internationally for workers for the Tri-State Mining District located in southeastern Kansas, southwestern Missouri and northeastern Oklahoma. As a result, a large population of foreign-born, uneducated, unskilled and poverty-stricken immigrants responded in the hope of becoming part of upwardly mobile America. The extent of countries of origin of this influx of workers can be seen in the experience of Sister Flavia Blaes, who had children of fifteen different nationalities in her class at Sacred Heart School in Frontenac.

Most of the immigrants did not find the riches for which they had hoped; and all too frequently the result of their efforts was death or permanent injury from mine accidents owing as much to inadequate safety procedures as to the poor health of the injured. With little experience in mining, the immigrant amateurs often exercised too little caution when using dynamite, shoring mine shafts or installing ventilation ducts; and they disregarded fire prevention guidelines. Poor living conditions, inadequate food, and physical stress caused many miners to contract tuberculosis.

Obviously, it was imperative that proper health care be provided for the "sick poor" of southeast Kansas; and as early as 1899, C.J. Devlin, owner of the Mount Carmel Coal Company was persuaded to provide the \$5,000, initially estimated to be the cost of erecting a hospital. He also donated the forty acres of land on which the facility, whose final cost was \$30,000, would be located.

Given the congregation's time-honored tradition of meeting the needs of the sick poor, it was not difficult for Wichita's first ordinary, Bishop John J. Hennessy, to interest Mother Bernard Sheridan in staffing Mt. Carmel Hospital. And at its grand opening April 14, 1903, Mother Bernard accepted the responsibility for its operation on behalf of the Sisters of St. Joseph. Sister Alphonsus McEnniry, who would



Mt. Carmel Hospital, Pittsburg, opened in 1903, was the first health care facility of the Sisters of St. Joseph of Wichita.

head the physiotherapy department at Wichita Hospital in 1925, was a member of the first Mt. Carmel staff and was sent to St. Joseph Hospital in Kansas City to receive professional training in nursing. With her were assigned Sister Martina Burke, administrator; Sister Josephine Casper, Sister Francis Hayden, Sister Barbara Maher, Sister Catherine Marnell and Sister Antony Mahoney.

One special assignment of Sister Antony was historic, since it marked the introduction of health insurance in the state. On payday she would appear at the exit from the mine and collect a quarter from each of the miners to cover their health care costs. This fee was sorely needed, since it is said that Mother Bernard had only a five-dollar bill in her pocket the day Mt. Carmel opened.

Also in 1903, the Sisters assumed the administration of St. Mary Hospital in Winfield. Beginning their work there on December 21 were Sister Aloysia Keleher, administrator; Sister Elizabeth Mansfield, Sister Michael Gilbane, Sister Domitilla Gannon and Sister Constance Fleming. Twenty-two years later, Sister Aloysia, as general superior of the congregation, would accept operation of Wichita Hospital.

A group of doctors built a hospital in Iola and asked the Sisters to operate it. St. John's Hospital opened December 17, 1905, with Sister Vincent Finan as administrator. Two years later, Mother Bernard responded to the health care needs of the impoverished Mexican-Americans of the San Luis Valley and opened St. Joseph Hospital in Del Norte, Colorado, November 3, 1907. The staff included Sister Elizabeth Mansfield, administrator; Sister Alexis Krobst, Sister Hubertine Devaney, Sister Christine Murphy and Sister Brendan Murphy.

When Mercy Hospital opened in Parsons November 11, 1912, Sister Mel Bride Skiffington, who would be assigned to Wichita Hospital in 1926 and spend many years there, was a member of the staff. Others were Sister Sebastian Berry, Sister Veronica Downey, Sister Hubertine Devaney and Sister Zita McCune.

Two more health care facilities would be sponsored by the Sisters before assuming responsibility for Wichita Hospital in 1925. They were Ponca City Hospital in Ponca City, Oklahoma, which the Sisters began to operate January 12, 1921; and the Thompson-Pine Hospitals in Dodge City, which were donated to the Sisters May 9, 1922, with the agreement that a new fireproof hospital would be built. This facility, to be called St. Anthony's Hospital, was under construction in 1925. Sister Austin Mouser, who would be one of the first Sisters to serve at Wichita Hospital, was on the original staff of Ponca City Hospital, while the pioneer group in Dodge City included Mother Colette Kipp, destined to be the first Sister administrator, and Sister Bernice Waymire, who would become the head nurse in surgery, when the Sisters took over Wichita Hospital in 1925.

It goes without saying, then, that with such extensive experience in operating hospitals in Kansas and surrounding states, with the ongoing professional education of the Sisters and with their successful administration of nursing schools in connection with their health care facilities, the Sisters of St. Joseph needed no orientation when they began to serve at Wichita Hospital July 16, 1925, the feast of Our Lady of Mt. Carmel. They would continue the spirit of compassion of the Ladies' Benevolent Association and would add to it their Founder's own special dimension, "their care and concern should be the same as they would show to the sacred person of Jesus Christ."² And because they

were called Sisters of St. Joseph, they would “assist and serve their dear neighbor with the same care, loving attention, charity and cordiality that the glorious Saint Joseph had in serving the Holy Virgin, his most pure spouse, and the Savior, Jesus, his foster-son.”³

Deeply imbued with this spirit was Mother Colette Kipp, who had just completed her term as general superior of the Wichita community and was appointed administrator of Wichita Hospital. It is said that she was adept at imparting a certain touch of home to everything connected with life and work on a mission,⁴ and this became apparent in dealing with patients and doctors at the hospital. Because of a serious outlook on life, Mother Colette had encouraged Sisters to study and expand their knowledge in the health care field during her tenure as general superior. This same earnestness and exactitude enabled her to strive for excellence in every aspect of Wichita Hospital.

This resulted in dramatic changes in the institution during her 1925 to 1938 administration. Previous to the time when the Sisters took charge, the secular administrators had tried to slow the continuing rise in operating losses by cutting funds from the maintenance



*Chapel of Our Lady of
Perpetual Help in Wichita
Hospital was dedicated
December 7, 1925*



Key figures in 1925 sponsorship of Wichita Hospital: Clockwise: Mother Aloysia Keleher, general superior; Mother Colette Kipp, administrator; Sister Immaculata Martin, treasurer; Sister Victoria Lake, director of nurses; Mother Prudentia Miller, assistant general superior; Sister Alphonse McEnirry, supervisor of physiotherapy.

budget and closing the third floor of the building. Mother Colette promptly contracted for the third floor to be remodeled.

First order of business was a chapel, since the congregation's spirituality centers on the Holy Eucharist. Msgr. William Farrell, rector of St. Mary's Cathedral, donated the Communion rail for the chapel; and the altar was given by a native-American woman named Mrs. Barber. The first Mass was said in a temporary chapel August 9, 1925, by Redemptorist Father Beine. Then on the following December 7, the new chapel was dedicated to Our Lady of Perpetual Help by Msgr. Farrell. Providing for Sisters' quarters, a new dining room, an Otis elevator and equipment for a new kitchen pushed the total cost for the purchase of the hospital to \$173,275.

The Theresan, a yearbook of the Wichita Hospital School of Nursing which chronicled this historic first year, pictured a medical staff of 53 physicians representing specialties in surgery, gynecology, obstetrics, pediatrics, diagnosis and internal medicine, gastroenterology, neurology, psychiatry, urology, dermatology, venerology, radiology, orthopedics, pathology, dental and oral surgery. Officers of the medical staff were Dr. E.D. Edbright, president; Dr. T.T. Holt, vice-president; and Dr. W.A. Phares, secretary.

Originally assigned with Mother Colette in July, 1925, were Sister Victoria Lake, as superintendent of nurses; Sister Alphonsus McEnirry, supervisor of physiotherapy; and Sister Immaculata Martin, as chief hospitaller overseeing the business office. Rounding out the pioneer group in the fall were three additional nurses, Sister Austin Mouser, Sister Eulalia Coombs and Sister Stella Crookham; the maternity department supervisor, Sister Vincent Marie Walker; the supervisor of operating rooms, Sister Bernice Waymire; and the pathology technician, Sister Casimir Clupny.

Given the Sisters' regard for their own traditions, it is understandable that a sense of history was obvious in this 1925-1926 yearbook. Not only were the thirty-nine nursing students currently enrolled pictured in the annual but also the officers of the Wichita Hospital School of Nursing Alumnae Association along with the names of every graduate from 1898 to 1925, a total of 219 nurses.

As she assessed the medical services needed by the community,

Mother Colette saw that scant attention had been given by the three major health care institutions to the rising call for rehabilitation services. Responding to the needs of patients who had to travel outside the community to receive the latest physiotherapy treatment, Mother Colette began plans for a hydrotherapy center. When this unit was completed on May 12, 1926, she declared a "Hospital Day" with an open house for the public. Besides Sister Alphonsus as physiotherapy supervisor, there were two supervisors of hydrotherapy, Eunice Canard and J.E. Johnson.

This new unit reflected a nationwide movement to expand the use of physiotherapy by including the use of ultra-violet light, radiant heat, massage, diet and exercise. Prevailing medical theory suggested that a reduction of toxic chemicals in the body would trigger a natural healing response. A regimen that combined proper diet and exercise to improve the body's physical reserve along with tonics and sedatives to flush toxins from the body provided the foundation for this natural healing program. These methods were commonplace to physicians trained in the osteopathic tradition. But Wichita Hospital's addition of a hydrotherapy/phototherapy cabinet to be used in treatment made local medical news.

H.F. Thompson, inventor of this cabinet, designed it after years of studying physiotherapy in Denmark. Local doctors had been referring patients suffering from physical disabilities to a treatment unit in Topeka. With this cabinet installed in Wichita, however, patients could stay at home and be treated in what was called the best and most modern facility in the state.⁵

While these innovations were taking place at Wichita Hospital, the aircraft industry was beginning to boom and Wichita was being promoted as the "Air Capital of the World". Soon the city's population swelled to more than 100,000 residents. The economic health of the community, however, did not carry over into the local hospitals. With this latest boom came new transients looking for work. But the high-paying jobs in the aircraft industry eluded many of the unskilled workers; and they and their families became the new homeless and unemployed of the city. Thus, every increase in the percentage of homeless and unemployed in Wichita meant a corresponding increase

in charity patients at the Wichita Hospital, where everyone was treated regardless of ability to pay.

Considering the adverse economic conditions under which the Sisters had taken up the challenge of striving to make Wichita Hospital a viable institution, only trust in Divine Providence could sustain them as they struggled to operate the facility as frugally as possible. With such a shortage of funds, they were “to make do” in order to maintain a high level of medical care for their patients. The daily laundry accumulating at the hospital was trucked to Mt. St. Mary Convent, their motherhouse on East Lincoln, where the novices shared in their health care ministry by washing, ironing, sorting and folding it to be returned in tiptop condition.

When bills became too long overdue, local wholesalers would stop delivery of essential supplies. Thus, it was routine for gauze to be washed, sterilized and reused. Sister Benedicta Fiechtl, who was hired as a lay nurse in July, 1925, remembers making wooden applicators and dressings as well as making needles last by sharpening, sterilizing and using them many times over.⁶ There were known instances when case nurses would not return needles to the supply room for fear they might be lost by the staff there or that others might keep them for use with their patients. Some nurses, after sterilizing needles, found a safe hiding place for them so that their patients would be assured of getting injections.⁷

Since the hospital could not afford to hire many lay employees, who had to be paid the prevailing wage, the Sisters performed the bulk of the domestic chores around the hospital. They frequently labored long in excess of their official, normal work week of seventy-eight hours in six and a half days.

“We didn’t know what a day off was,” says Sister Bernice, who had domestic duties along with supervising surgery. “We were always on call.”⁸

Nursing students were also pressed into service from the first day of their training and received, under supervision, practical experience in working with patients from the beginning of their educational program. An obstacle to being totally efficient was the difficulty that new nurses or nursing students encountered in adjusting to the sleeping environment. Their seventy-eight-hour week was not uncommon in

health care institutions at that time, but the constant, around-the-clock street noise was. Nightly, there was an endless stream of large trucks rolling in front of the hospital down United States Highway 54. Every evening Douglas Avenue featured this bumper-to-bumper traffic of automobiles and trucks. The exhaust from these smoking, noisy machines filtered through open windows; and their rumble echoed through the rooms and hallways of the hospital.

The only break in the noise level came when the daily freight trains traveled on the tracks adjacent to the hospital and stopped traffic temporarily. Windows rattled, beds jiggled, and the foundation of the hospital shook as the trains rolled by. Although for a short period of time the truck noise was halted, it was replaced by train whistles and the clackity-clack of wheels rolling down the track. Understandably, new nursing students found this noise level too loud for sleeping during the first week. But after a period of exhaustive work followed by a few hours of rest each night, the vibrations and industrial noise became only a brief lullaby, a moment's distraction before sleep overtook them.

But the nurses were dedicated to their work, sometimes to a fault. Once while trying to make it for an early surgery, two nurses found their way blocked by a long freight train engaged in switching boxcars. Nervously they waited for a chance to cross; and their anxiety grew as they realized that they would probably be late. When time grew critically short, they decided to crawl underneath a stalled boxcar. After scrambling to their feet, they ran to the hospital. Upon arriving there, instead of receiving praise for their inventiveness, they were reprimanded for risking their lives.

Despite continuing financial difficulties in their first decade at Wichita Hospital, the Sisters were able to purchase the latest medical equipment and provide outstanding patient care for a wide range of illnesses. This was true because, unlike for-profit hospitals, their overhead costs for employees had minimal impact on the operating budget because, with the exception of maintenance and grounds, Sisters occupied all of the important support staff positions. They educated and supervised nursing students, ran the medical laboratory, planned and cooked patient meals, assisted in surgery and obstetrics, dispensed medication from the pharmacy, ordered and distributed sup-

plies and assisted radiologists. If all the positions the Sisters held had been filled by salaried employees, the hospital would have needed an additional gross income of more than \$800,000 annually.⁹

An important factor contributing to Wichita Hospital's progress medically was the high-quality staff of physicians who kept abreast of the latest advancements in their field and demanded state-of-the-art equipment. One example was Dr. E.S. Edgerton, who teamed up with a Dr. E.C. Jerman, a renowned radiologist from Chicago, to install and operate the first X-ray machine in Wichita. The medical benefits from this innovation were obvious; and the novelty of the machine caught the imagination of the public. For the first time patients could view an accurate image of their own bones and internal organs.

Newspapers accounts revealed the diagnostic importance of this modern technological wonder, but curious readers wanted to hear the sensational—things odd and humorous—and editors, in the great American tradition of selling newspapers complied. One widely-reported case involved a young girl admitted to a hospital for pain in her arm. When the X-ray image was developed, it revealed what appeared to be a perfect arrow point lodged in her upper arm. Under questioning by her attending physician, she said she could not remember being shot by an arrow; but after searching her memory, she recalled having been cut in an automobile accident. The arrow-head turned out to be a piece of shattered glass.¹⁰

Glimpses of the future could be seen in the technological marvels provided by the radiologist's craft, but the intense labor required in the dietary kitchen was a daily reminder for the sisters that progress was not a widespread condition to celebrate. Feeding the patients, the nursing students and the staff required a tremendous effort seven days a week. When the hospital was near capacity, more than 600 meals were served every day.

With close attention to cost, large scale purchases of fruits and vegetables were made for greater economy. "Quantities of 20 to 30 crates of cauliflower, 100 bushels of cucumbers, 100 gallons of sweet potatoes, 30 crates of Mexican pineapple and 50 crates of strawberries in one week, for use and preserving is not uncommon." In one year's canning season, 13,000 quarts of fruits and vegetables were put up.

Fifty bushels of spinach at a time were frozen at 20 degrees below zero and stored in zero temperature.¹¹

“We never had to go out to shop for these items,” said Sister Bernice Waymire. “The produce purveyors would bring their trucks to the back door of the hospital for the sisters to select what they wanted.” One labor-saving device brought special pleasure to both the kitchen staff and patients—an electric ice cream freezer donated by the women’s auxiliary.¹²

An area of excellence for which Wichita Hospital had gained statewide recognition was its special attention to birthing and the care of children. In the hospital’s first year of sponsorship by the Sisters of St. Joseph, Emma Fiechtl, who later became Sister Benedicta, was assistant night superintendent in charge of maternity. She recalls the large number of births at Wichita Hospital. “Sometimes, there were nearly thirty mothers there at one time,” she said. “One Christmas seven women were in labor. I was all by myself on the night shift and four of them delivered before morning. We were very short of nurses. But I just loved every bit of nursing, despite so little help.”¹³

The devotion of the Sisters to the medical needs of children was obvious in the initial remodeling of the old hospital, which had included a special area designed for young patients in order to treat the many serious, life-threatening and crippling diseases which grew to epidemic proportions during the 1920’s and 1930’s. A high incidence of communicable diseases resulted from an uneducated public, unsanitary food handling, contaminated water supplies, a slow response by government officials to provide inoculations, the reluctance of parents to keep their children out of school when they were ill and the absence of yet-to-be-discovered effective drugs and vaccines.

Thus, the beginning of each school term marked the onset of another busy season for Wichita’s quarantine officers and professional health care workers. What were referred to as “childhood diseases” would sweep through the schools with often fatal results. Adults who had avoided these diseases as children found that, when they were contracted after childhood ended, their contagion could be far more serious. Otherwise healthy children with measles or mumps usually required little medical attention. Many other infec-

tions, however, called for expert care; and even children who survived them would often carry physical damage for the rest of their lives. Such diseases appearing with devastating regularity among the young of Wichita until the mid-1930's were smallpox, spinal meningitis, scarlet fever, polio, tuberculosis, typhoid fever, malaria and diphtheria.¹⁴

Without antibiotics, tuberculosis would invade bones and require repeated surgery to drain the infection and scrape the bone. Children had to be placed in confinement in isolation wards to prevent the spread of tuberculosis bacteria; and the Sisters always gave special care and attention to tubercular children during their long recovery process.

An intensive program for the crippled children of Kansas began at Wichita Hospital in February of 1932. At that time, the hospital was approved to care for all types of cases by the Kansas Crippled Children's Commission. This recognition made it possible to extend services to needy children needing special care and equipment. Youth ranging from infants to adolescents from all over the state who were suffering from bodily deformities or chronic diseases could be admitted to the program. By Christmas nearly 200 had either been dismissed or were still receiving treatment.

To care for the educational needs of the children, Wichita Hospital became one of the first institutions in the State of Kansas to set up a classroom for the children under the full-time tutelage of Sister Liguori McDonnell. Enhancing her instruction was a "modest but very fine little library of 175 books" donated by Monsignor Leon A. McNeill, superintendent of schools for the Diocese of Wichita.

The orthopedic work among the crippled children was under the supervision of Dr. E.B. Edbright in cooperation with other specialists on the medical staff. Also supporting the program were individuals and groups, both Catholic and non-Catholic. One such group was the Crippled Children's Committee of Wichita Hospital. By private subscriptions and benefit entertainments, this committee provided classroom furnishings and a sundeck equipped with rockers, reclining chairs and gliders.¹⁵

As the story unfolds, 1932 seemed to be a banner year for Wichi-

ta Hospital in caring not only for the young but also for the “sick poor”. The motherhouse Archives record that a crowning achievement of that year was the establishment of an out-patient clinic for needy Mexicans by Dr. T.T. Holt. “Each Monday evening the east basement of the hospital now becomes the scene of intense activity with Dr. Holt and certain other staff members, the hospital interns, with some of the nurses and Sisters assisting in giving consultations and treatments to the patients who come from Wichita’s Mexican Quarters. In this work also Dr. Harry M. Klenda, local dentist, has graciously associated himself. The clinic has already treated 197 patients, totaling 670 visits.”¹⁶

An anonymous report in the Archives states that Wichita Hospital’s charity that year had not been confined to out-patients. In addition more than 3,514 days of free service had been given in 1932 as well as 4,618 days of care given on a reduced basis.

The consistent care of the indigent took on special significance during the Depression and Dust Bowl era, when support of public health was at its lowest point in Kansas. With so many non-paying patients, all not-for-profit hospitals suffered financially as they shouldered so much of the burgeoning costs of providing medical care.

In 1938 Sister Mary Anne McNamara became the chief administrator of Wichita Hospital. Her training and experience as a medical records clerk gave her a keen eye for detail. Her inner strength and strong personality gave her the will to succeed where many might have given up hope. As cash flow slowed to a near stop in the late 1930’s, Sister Mary Anne fought hard to buy the bare essentials.

When a stack of bills needed to be paid, Sister Mary Anne would write checks with one hand while entering the amount paid out in a ledger with the other hand. When the balance in the checking account reached zero, she would stop writing checks. Those suppliers who did not get paid would receive a phone call or a note explaining that the hospital hoped to pay them next month.

Since many patients shared the hospital’s cash flow problems, the majority of them who left the hospital could only promise to try to pay their bills; and many sacrificed on everyday necessities in order to save money to make their payments. It was rare for a bill be go total-ly unpaid, even if it took years to satisfy the debt.

Such tight budgets demanded that even the smallest staff expense be charged to those receiving some service. A favorite story about Sister Mary Anne's business acumen centers around a young golf pro, very preoccupied with his work at the club. He had been warned by his wife that it was imperative that he get home to take her to the hospital when she went into labor. He made it, but could find no parking place when they arrived at Wichita Hospital. After double parking, they were walking across the lawn into the hospital when his wife said she could go no farther. Her husband ran for help, and the child was born outside on the grass. When he received his bill and saw a charge of \$2.50 for use of delivery room, he told the business office clerk that he would not pay it because they had not used the delivery room. She called Sister Mary Anne, who knew the young man, to settle the matter. When Sister learned what the problem was, she reached for the bill, crossed out "delivery room" and wrote "Green fees". The golf pro laughed out loud, paid the bill, framed it and hung it in his office.

Less amusing during the troubled 1930's was the way in which the surgical staff relied on the sisters not only for all nursing duties but for any procedure where there happened to be a need. For instance, if a young M.D. was not available to administer the ether commonly used as an anesthetic, a sister would be pressed into service.

Sister Bernice remembers well the heat in the surgical suite during the summer months, where the hot glaring lamps over the operating table compounded the effects of scorching Kansas weather. She recalls that she would use towels to fan both the doctor and patients and how they would put wet towels on patients and on the doctors' backs to cool them a little. Despite seemingly unsanitary conditions, there was no noticeable effect on the recovery rate of patients. Hervey Hodson, M.D., who started operating at Wichita Hospital in 1933 said that upon looking through his files, he observed that the rate of infection had remained about the same over the entire period. Sister Bernice attributes this favorable statistic to the fact that they sterilized everything that was used in the surgery suite.¹⁷

Another area of excellence attributable to the Sisters' expertise was the hospital laboratory, where extensive pathological work was done. By the end of the 1920's, patients had gradually overcome their

resistance to the necessity and the extra charge involved for blood work and tissue culture analysis. This trend is reflected by the fact that when the Sisters took over the hospital in 1925, one sister, Sister Casimir Clupny, worked as a pathology technician. But the demand for laboratory work was so great that she was joined the very next year by another technician, Sister Sylvester Lapham. Over a fifteen-year period, the hospital laboratory conducted 81,408 tests, an average of 18,000 per year. This work, of course, proved critical in saving patients' lives, since before the discovery of "miracle" drugs, it became routine to run blood tests at any sign of infection. Pneumonia, for example, had to be typed to determine which of thirty-five different serums could be used effectively for treatment.¹⁸

The bleak financial condition of Wichita Hospital had perdured unfortunately well past the first decade of its operation by the Sisters of St. Joseph. But they had weathered the storm, despite starting out with a discouraging bottom line made the worse by the hard times gripping the nation in the 1930's. They had done that because they were people of hope who, like Cardinal Leo Suenens, believed that "God did not just create (the world) long ago and then forget about it." So they continued to "expect the unexpected."

That longed-for unexpected finally came in 1938, when the rains washed away the Dust Bowl and once again enabled farmers to produce rich harvests. That same year the United States government at last realized the dire threat to this country from dictators in Europe. Orders then began to pour into Wichita's aviation factories from the Army Air Corps. Suddenly, those who had been standing in the long lines of employment agencies were able to become efficient workers in local aircraft plants.

With this upturn in the economy, the city was enlivened; and Wichita Hospital no longer had to struggle for day-to-day survival. Instead the Sisters there could begin to look to the future and all the more "expect the unexpected" in the way of progress and development.

CHAPTER III

THE TREK FROM MIDTOWN
TO MAGIC HILL BEGINS

Deeply ingrained in the hearts of the Sisters of St. Joseph is their founder's challenge of always striving for "the more". In the case of Wichita Hospital a clear vision of "the more" was the dream of Bishop August Schwertner, when the Sisters took over its operation in 1925. According to Sister Victoria Lake, who with Mother Aloysia Keleher had been involved in evaluating the feasibility of undertaking this responsibility, "Bishop Schwertner had in mind that the Sisters could take over the institution and operate it till such time as they could replace it with a building in a more desirable location."¹

Despite sixteen years of struggle with debt, the Great Depression and the Dust Bowl Era, the Sisters had not lost the dream. Even with numerous renovations in the sixty-year-old Martinson Building, it had never become as efficient as a structure actually erected for hospital purposes and had in the course of time become a fire trap unfortu-

nately located in a noisy crowded area in which it was impossible to expand.

The possibility of being able to bring their dream to reality began to become brighter when the onset of World War II in Europe changed the bleak economic picture of the 1930's. When German armies crossed international borders in an imperialistic push to conquer Europe, the price of agricultural products rose on world markets and brought hope to many struggling Kansas farmers. Then came a major economic boom triggered by a change in federal policy. When Adolf Hitler became the German chancellor and began remilitarizing his country, American isolationists had dominated the political debate in the United States about the European War. Franklin Roosevelt, reflecting the public mood, ran in 1936 and again in 1940 on a platform of avoiding foreign entanglements which would drag America into a world conflict. Most Wichitans agreed with his position.

By 1938, however, it was obvious to the president and his closest advisors that the United States could not avoid involvement in the war. Thus, disregarding his own promises as well as the Neutrality Acts of 1935, 1936 and 1937, Roosevelt along with Congress began a program of preparedness. The result was a massive military procurement program beginning in 1938 to upgrade the Navy and Army Air Corps.

This meant that by 1940 Wichita aircraft companies were the beneficiaries of large military contracts. The city had a large pool of skilled aircraft workers with production facilities that could easily be expanded and would earn for Wichita the distinction of being the "Air Capital of the World".

Fortunately, Dwayne Wallace had kept the Cessna logo in the national limelight by winning airplane races; and thanks to his success on the race course, he landed a \$9 million dollar contract from the Canadian government to build military trainers. Boeing dominated the military bomber market; and within a short time, the company's experimental B-17 became the backbone of the American air campaign over Europe and in the Pacific war theaters. Wichita then gained national fame as a city that had moved from economic ruin to a model of industrial efficiency.

Another factor contributing to Wichita's success in getting defense contracts was its small percentage of foreign-born population. Southern California, which competed with Wichita for military aviation contracts, was a victim of the prevalent nationwide hysteria about Asians that swept the United States after Pearl Harbor was bombed. This atmosphere resulted in the forced internment of the Nisei—Americans of Japanese ancestry—in concentration camps. Thanks to its demographics, Wichita profited by this unfortunate prejudice, since Washington bureaucrats in charge of defense planning considered it apparently immune from threat of sabotage and spy activity.²

As the war intensified in Europe and defense contracts began to pour into Wichita's industries, city leaders underestimated the coming economic boom. Thanks to unparalleled federal spending, the city's population rose by more than fifty per cent in less than five years.

During the previous decade of economic depression, the steady increase in Wichita Hospital's daily occupancy, owing to poverty and



The Magic Hill site was near Mt. St. Mary Convent completed in 1915 to replace first motherhouse destroyed by fire.

homelessness, had not resulted in a corresponding expansion in bed capacity. For this reason, the aircraft workers who flooded the city in the late 1930's and early 1940's found long waiting lines at local hospitals when they needed medical care. While Wichita Hospital reported a 100-bed capacity, it was averaging more than 125 patients per day in 1939. Before long, the hospital's census was increased to 136 patients, who were housed even in nursing school classrooms or on cots in the hallways, when these rooms were filled.

By the fall of 1940, then, the bed shortage had become so acute that the Sisters of St. Joseph began serious consideration of constructing a new facility. With thousands of families moving into the city and many of them settling in southeast Wichita in the vicinity of their motherhouse, it became obvious that a health care facility was badly needed in that area. Thus, Mother Prudentia Miller in a conference with Bishop Christian H. Winkelmann announced through *The Advance Register* on January 31, 1941, plans "for a 250-bed capacity fireproof hospital to be built on 'Magic Hill' on the crest of a 19-acre site facing west on South Hillside between Lincoln and Bayley. It will be known as St. Joseph's Hospital."³

The new facility was to be a four-story brick building which, according to *The Advance Register*, would be 'the last word' in hospitals. The article goes on to say, "Wichita is growing rapidly. Chiefly responsible for the growth is the expanding airplane industry...The increase in population demands larger hospital facilities, more beds, and more clinics. In the last three or four months the three big hospitals in Wichita— St. Francis, Wesley and Wichita—have been pressed in making room for the ever-increasing stream of patients. Thus, the project of a new hospital to replace an old one becomes a matter of interest not only to the Sisters but to the medical profession and to the Wichita community."⁴

While public financial support was needed for the completion of this four-story structure, it became even more indispensable as the project progressed. The plans seemed to mushroom as did the Wichita population. When the fund drive began, the new hospital was to be an eleven-story health facility, which according to the promotional brochure would be "a true medical center and foundation, wherein

hospital, school of nursing and scientific laboratories may operate to the effect that better health may be the portion of this fast-growing area. Such a grouping of medical and surgical aid is recognized as giving the maximum of efficiency and natural economy of operations as might result from such a merger in any business. This is the way in which Johns Hopkins and Mayo pioneered and became great. Wichita has the same opportunity to form its own medical center, the largest of the southwest.”⁵

In the euphoria of the prevailing prosperity, the city commissioners who had been predicting a health care crisis, readily espoused the fact that the Sisters were making no small plans and gave the project their whole-hearted support. Moreover, financial aid was then available from the federal government through the Public Works Administration, which regularly contributed to the construction of medical facilities and would fund fifty per cent of the cost of the new hospital. The problem for the Sisters, then, was to raise the \$350,000 to match the government grant.

Their appeal to the general public received a warm response from people recovering from the ravages of the Great Depression. The pessimistic mentality of the previous decade was giving way to an optimistic civic spirit, prompting the business, religious and educational leaders in the city to rally to the support of the campaign to fund the construction of this new medical center.

Dr. W.A. Young, president of Friends University, summed up the interdenominational support the project was receiving by stating: “The public appreciates the sacrifices of the Sisters of St. Joseph...They must be commended for their unselfish charity and city-mindedness.”⁶ Strongly behind the campaign were Wichita’s major newspapers, *The Wichita Eagle* and *The Wichita Beacon*, which consistently molded public opinion by publishing extensive and frequent accounts of the fund drive and a large volume of articles on the critical need for new hospital facilities.⁷

The Wichita public saw the drive as even more urgent, when the *Beacon* reported in great detail a speech delivered at the Association of Western Hospitals annual convention in San Francisco in late April of 1941. This address pointed out the anticipated impact on hospitals if

America entered the war. The speaker warned of the coming necessity of sandbagging to limit damage from bombs, the advisability of constructing air raid shelters and how hospitals should respond to contamination by mustard gas. The questions raised were not *if* the United States should enter the war, but rather *when* America would have to commit its troops to combat. The casualties that this would cause would also add to already overburdened hospitals. With that, the *Beacon's* reporter summed up the situation as expressed at the meeting: If the nation was to be prepared for war, more hospitals had to be built.⁸ Other articles in the local press played up the contributions made by Wichita Hospital, its overcrowding and the urgent need for construction to begin on the new hospital as soon as possible.⁹

In the late spring of 1941, Arthur Kincade, the dynamic new leader of the Fourth National Bank, accepted the general chairmanship of the campaign committee. In a few short years, Kincade had moved the Fourth National from the verge of bankruptcy to economic health and had made it the largest bank in the city. Under his strong leadership, the campaign was pushed across geographical and economic boundaries. Owing to such wide support for the project and in response to Kincade's enthusiasm, pleading, cajoling and sheer strength of personality, more than forty leaders from business, law, medicine and petroleum agreed to join in the campaign.¹⁰ Wichita's Bishop Christian H. Winkelmann held the honorary general chairmanship, while Monsignor William M. Farrell, vicar general of the diocese, was appointed associate honorary general chairman.

Oil men, J.A. Aylward and T.C. Johnson joined C.J. Chandler, vice-president of the First National Bank, and J.O. Wilson, president of the Kansas State Bank, to head up the Big Gifts Committee. Wichita Hospital created an internal medical staff fund committee headed by Dr. Wayne C. Bartlett, chief of the medical staff. Mrs. J.A. Vickers, president of the Wichita Hospital Women's auxiliary, became women's chairperson of the fund drive. The number of volunteers was expanded greatly by subdividing the city into four districts and appointing team leaders to coordinate the activities of the eighteen teams within the districts. The list of volunteers was a genuine "Who's Who" of Wichita business and community leaders.¹¹

Months before the fund drive officially began, Kincade and other project leaders worked to secure pledges. They knew that the public would respond more enthusiastically if, at the beginning of the drive, they could announce that a significant portion had already been donated. The first major donation came from the associate general chairman of the campaign, J.A. Aylward. The announcement in the *Eagle* of his \$25,000 gift included his photograph and a picture of his pledge card, which showed that he had been solicited by Monsignor Farrell and Getto McDonald.¹² No doubt the committee suffered some minor embarrassment when the dinner meeting scheduled to mark the official beginning of the campaign had to be delayed because of the illness of Kincade and several committee members.¹³

By the first week of July, Kincade announced that the drive had reached \$124,078; but that, owing to the difficulty of collecting pledges door-to-door during the intense summer heat, that part of the campaign would not begin until early fall. The Big Gifts Committee had collected the largest percentage of the \$124,078 in hand with three of the most active members responsible for more than half of that amount. Getto McDonald reported \$32,000, Kincade \$23,000 and Dr. E.S. Edgerton, \$15,000.

Kincade sought to motivate the general public to give by constantly reminding them that the Sisters of St. Joseph were investing more than one million dollars in properties and service to the project. In a speech before the Big Gifts Committee, he stated that during the past fifteen years the Wichita Hospital had ... "spared Wichitans a heavy tax burden by caring for indigent and poor, (that) 80 per cent of the free service they have offered has gone to non-Catholics and 90 per cent of the total number of patients has been non-Catholic."¹⁴

As time went on, design plans continued to change throughout the fall of 1941 and the spring of 1942. The very ambitious concept of an eleven-story building with 250 beds would have made the hospital one of the largest health care facilities in the Southwest. But, unfortunately, the fund drive was unable to recapture its original momentum and faltered in the fall. Slightly more than one third of the project's goal had been reached and federal funding was in bureaucratic limbo in Washington.

Moreover, the Sisters' plans were further complicated by the American declaration of war which followed the Japanese bombing of Pearl Harbor on December 7, 1941. Not only were Washington bureaucrats stalling the release of money promised by the Public Works Administration, but there was also a severe shortage of building materials brought about by the frantic wartime buildup. All these circumstances forced a scaling down of the plans for an eleven-story structure. The first reduction saw five stories removed from the architect's drawings. These revised plans were then followed by a government order reducing the allocation of reinforcing steel for the project to a maximum of six tons. As a result, the future St. Joseph's Hospital was projected to be a two-story wood-and-brick structure with a basement. Without additional steel and fire-proofing materials and because of the extensive use of wood, the structure would be classified as temporary.¹⁵

Despite all these obstacles and changes of plans, Mother Prudentia Miller had not given up "striving for the more" and reflected the will of those who had dedicated their time and energy to raising



Mother Prudentia Miller breaks ground for St. Joseph Hospital March 19, 1942. Looking on are Msgr. William M. Farrell, extreme right, and Bishop Christian H. Winkelmann.

money for the new hospital by stating, "With the united efforts of our citizens and with God's blessing on our labors, we will leave no stone unturned until we have completed an institution of which we may all be proud." In this spirit of determination and optimism, a groundbreaking ceremony for the new hospital took place on March 19, 1942—St. Joseph's Day.¹⁶

Good news finally came from Washington in March, 1943. The Public Works Commission finally released \$360,000 for construction of the new hospital. A new apportionment of steel brought the total to 155 tons and additional reinforcement materials were allocated. Fortunately, this new allocation of building materials moved the hospital building from a temporary to a permanent designation.¹⁷

Due to the chaos of the war, it seemed to the Sisters that their plans changed every other day. But they were more concerned with coping with the great increase in patients while they had a shortage of doctors, nurses and health care professionals. Many had joined the armed services or departed for more lucrative employment at aircraft plants or other defense industries. At the same time, the hospital's patient load exceeded its maximum bed space by thirty per cent. Visitor areas, storage rooms and even hallways became temporary sick rooms. Nevertheless, the twenty-seven Sisters and fifty physicians who labored during this period could look forward to their long-range plan of selling the old Wichita Hospital buildings and moving across town to the new facilities under construction.¹⁸

At long last, the much anticipated day arrived when St. Joseph Hospital was actually standing there on Magic Hill. Looking on with joy were Mother Baptista Casey, then the Sisters' general superior, and Sister Gertrude O'Meara, who was to serve as the first administrator, as Bishop Christian H. Winkelmann dedicated the hospital August 8, 1944. The first patients were admitted September 14. At that time it was expected that there would be only a short period of transition from the old to the new facility. But the final closing of Wichita Hospital proved to be a much longer process than first anticipated.

With the opening of St. Joseph's on Magic Hill, a new corporation with a new name was formed. The new title was Wichita-St. Joseph Hospital, with Wichita Hospital called Unit I and St. Joseph's



St Joseph Hospital dedicated August 8, 1944.



Wichita-St. Joseph School of Nursing on the Magic Hill campus was completed in June, 1945.

known as Unit II. Nursing students took their rotations in both units and an annex was added to the “Big House” next to Wichita Hospital to accommodate the increase in nursing students in 1944. Students assigned to help staff Unit II were housed on Second North from the time the hospital opened until the new Nurses’ Residence was completed in June, 1945. This spacious new building at 1121 South Clifton just north of St. Joseph’s had accommodations for 100 students, classrooms, library, foods and chemistry laboratories, faculty offices and an auditorium. In September, 1945, the nursing school was renamed “Wichita-St. Joseph School of Nursing” to make its title coincide with that of the new corporation.

The effect of the war effort was definitely felt by the School of Nursing because of the formation of the United States Cadet Nurse Corps. The Red Cross, which was responsible for recruiting nurses for the Armed Forces, lobbied the federal government to supply funds to educate young women as nurses. Because of the crisis, the cadet training program condensed the normal three-year curriculum required to



Some of the students in the United States Cadet Nurse Corps who prepared to serve in World War II at the Wichita-St. Joseph School of Nursing.

become a registered nurse to just two and a half years. Many young women joined the program for patriotic reasons. For others, the incentives of a free education, free uniforms and a small monthly stipend persuaded them to become part of the wartime effort.

These cadets joined the other students in taking formal college science courses at Sacred Heart Junior College during the first year in the nursing program. Graduating cadets were given the choice to bypass their senior rotation at Wichita Hospital and finish the last six months of their training at a military hospital.

While the seemingly endless demand for nurses continued during World War II, the federal initiative to increase the national pool of nurses was so successful that at war's end there was no shortage of trained nurses. The Wichita-St. Joseph School of Nursing reflected that change in 1945-46 by first reducing the monthly stipend paid to students. Later the monthly allowance was cancelled and the students were charged tuition.

Changes in nursing education were also paralleled by a post-war explosion of new scientific discoveries, which relegated more and more of a nursing student's time to classroom instruction. Prior to the war, much of professional knowledge was learned on the job as students acquired practical know-how while caring for patients and working with physicians. But with great strides being made in medical research, the field of nursing became increasingly complex. As the age of miracle drugs dawned, the doctor's little black bag, which once had contained most of the known drugs to treat patients, became archaic. The variety of medications kept in hospital pharmacies expanded ten-fold. The selection of effective pharmaceuticals, once numbered in the dozens, became hundreds and later expanded into thousands.

In order to keep abreast of modern medicine's rapid growth, nursing students began to spend more time in the classroom and their contact with patients decreased. Once students had found it hard to spare time to attend lectures. But by the end of the War, what had once been a luxury became a necessity and the requirement of increased classroom instruction became the standard.

Moreover, the push for progress in professional education and

the rapid discovery of new drugs were accompanied by a corresponding increase in new medical technology. In keeping with these advances, St. Joseph Hospital found more and more of its budget consumed in purchasing new medical equipment and providing new services.

Obviously, the end of World War II failed to result in a much desired return to normalcy in the Wichita-St. Joseph complex. It left in its aftermath, a tremendously increased population fueled by the aircraft industry with a corresponding demand for health services which strained the capacity of all area hospitals. Long-time residents watching the influx of workers used to say that Wichita would be a ghost town after the war was over. But the hospitals could readily attest to the fact that it did not happen.

Had the Sisters of St. Joseph been able to complete their plans for the projected eleven-story facility, the shortage of hospital beds would not have been so acute. But war-time restrictions on non-military construction had forced them to scale back their building plans to much more modest proportions.

When these restrictions were finally lifted, then, Wichita-St. Joseph welcomed the opportunity to embark on a new building and extensive remodeling campaign. By the fall of 1950, blueprints had been approved and contracts let to construct a 130-bed annex which would join the nursing school to the original hospital. This expansion was sorely needed despite the fact that Wichita Hospital had helped reduce patient load at St. Joseph's by specializing in pediatrics, physical therapy, polio treatment and recovery.

Every effort was made to avoid duplication of services in the two units; and even though a number of operations were transferred to the Magic Hill unit, the old Wichita Hospital continued to treat more patients per year than St. Joseph. For instance, at the end of 1952 the average occupancy rate at Wichita Hospital was 90 per cent, while the St. Joseph facility reached about 80 per cent.

While the annex was under construction, Sister Anthony Winterscheidt, administrator from 1949 to 1955, oversaw the emergence of a new laundry and power plant which were completed in 1952.¹⁹ Another innovation in 1952 was indicative of a future emphasis of St.

Joseph. The hospital opened Wichita's first occupational therapy department under the direction of Joy Clements, who had received her training in abnormal psychology and occupational therapy at Cambridge and had completed an internship at Larned State Hospital. This was the beginning of what would be an ongoing commitment of St. Joseph to provide wholistic treatment for both the physical and mental health of its patients.

The long-awaited annex, which had been partially financed by a \$113,800 grant from the Ford Foundation, received its first patients June 11, 1953. It enabled the hospital to care for 54 mothers and 60 infants and to increase total bed capacity to 263. The obstetrics department moved to the new facility in September, 1953.

Less than two weeks after the new addition began to receive patients, however, a severe storm brought an end to the long-standing service of the old Wichita Hospital as a general health care facility. Late in the afternoon of June 21, a storm front moved in from the northwest; and by six o'clock gale force winds were blowing large hail stones through windows around the city. These winds, clocked at one hundred miles an hour, ripped limbs from trees and downed power lines. But the worst was yet to come. Three hours later, the storm returned and swept across the midsection of downtown as it blew off roofs, broke windows, sent glass and store merchandise into the streets.²⁰

Sister Joan Rohleder, a Wichita Hospital dietitian at the time, remembers that day as clearly as if it were yesterday. Having gone to the basement for safety, she was commissioned by Sister Victoria to go up to the third floor chapel for candles since all the lights were off. When she arrived there, she found the elderly Sister Camilla McDonald and wheel-chair-bound Sister Adrian Westhoff needing help to come down. Water was running down the stairs as she descended, Sister Joan says, and once down the firemen were alerted to rescue the Sisters on third floor.²¹

Commenting on the storm damage and its aftermath, Sister Victoria Lake, administrator at that time, said: "In June, 1953, a tornado wrecked the east wall and the roof of the building on the east side of the Wichita Hospital...and did much damage to the west side of the

building also. The former was declared unsafe for workers—it still housed the kitchen, dining rooms, X-Ray and laboratory as well as the chapel and Sisters' quarters. The patients were immediately transferred to St. Joseph's Hospital; and the period of service to the sick as a general hospital came to an end. A wrecking crew was engaged; and in a short time, a matter of a few weeks, the east building, after fifty-five years, a home and haven for the sick, ceased to be."²²

Some construction had not been completed on the new addition at St. Joseph when the first patients had been admitted to the first floor just a short time before. Now there was great urgency to complete the project. Construction crews, then, worked through the Fourth of July weekend to finish the second floor patient section; and on the following Monday, forty patients were moved from the original St. Joseph building to this new area. For the next month workers put in overtime to complete all three floors of the wing, which was named Annex A. With this new addition, it became apparent that St. Joseph Hospital had moved from being a neighborhood facility to the status of a regional health care institution.

At the same time St. Joseph's outreach went far beyond its immediate sphere. By means of a teletype system linking eight hospitals sponsored by the Sisters of St. Joseph to St. Joseph Hospital in Wichita, these outlying institutions had access to its radiologists, pathologists and other specialists. Inaugurated in 1953 by Mother Mary Anne McNamara, general superior, and L.E. Stolz of the congregation's central office, it was the first time that any group of hospitals had set up a teletype system linking them, according to Harry L. Cooper, western division chief for American Telephone and Telegraph company. Opening the network June 24, 1953, Mother Mary Anne made this historic statement, "With this message, we formally inaugurate the teletype machines. We hope they will be a source of help and assistance to you always." Hospitals profiting by the unique network were located in Dodge City, Ellinwood, Parsons, Pittsburg, Pratt, Ulysses, Winfield and in Del Norte, Colorado.²³

As the Sisters continued to strive for "the more" at St. Joseph, they seemed to be once again fulfilling that 1808 prophecy—"like a swarm of bees, you shall spread yourselves everywhere."

CHAPTER IV

READING THE SIGNS OF THE TIMES



In its September 11, 1941 issue *The Wichita Eagle* bemoaned the fact that “after 42 years of ticking off the time” at Wichita Hospital, Grandfather had stopped. This fact seemed to forebode a slowing down process at the facility if this priceless Tiffany clock, which had graced its corridor since 1899, would cease to mark off the hours. Grandfather had been a gift to the hospital from Helen Gould, whose father owned the Missouri Pacific Railroad and considered Wichita Hospital the company health care facility.¹

But the *Eagle* need not have worried, since time certainly did not stand still at Wichita Hospital in the 1940’s even with the advent of St. Joseph’s out on 3400 East Grand. Up until the time of the devastating storm in 1953, the midtown Unit I consistently surpassed the Magic Hill Unit in patient census.

Fortunately, Grandfather got fixed, kept going for Wichita Hospital through the rest of its history and today ticks off the time at Mt.

*"Grandfather" ticks off the time in
1995 at Mt. St. Mary Convent.*



St. Mary Convent. But what kept time marching on at both units was a force far more powerful than watching the clock. It was the traditional sensitivity of the Sisters of St. Joseph to the signs of the times. They did not have to wait for Vatican II to adopt this means of determining their mission. It had been inherent in their founder's admonition to seek for "the more" in order "to provide for all spiritual and temporal needs of the beloved neighbor."² In this characteristic spirit, then, they set about "fixing" storm-damaged Wichita Hospital.

Since they recognized the lack of facilities for the care of the mentally ill in the community, the Sisters initiated an extensive remodeling and renovation of the west wing in order to provide this needed service. The storm, however, had been the undoing of the

1890-style east wing, once the Martinson Building, long a Wichita landmark, first as a bank and since 1896 as a hospital. Unsafe because of the storm damage, this historic building had to be demolished.

Concerned about the employees, the Sisters made great efforts to keep the nursing and technical staffs intact by shifting as many as possible to St. Joseph's. They were also concerned about the people of the West Side who were left without a nearby hospital; and Mother Mary Anne McNamara, their general superior, issued a statement that remodeling plans would "provide necessary equipment and space for emergency cases...If the person's condition is so serious that he cannot immediately be moved, a bed, of course would be provided."³

In announcing the reopening of Wichita Hospital, *The Wichita Beacon* reflected its change of mission by saying, "Sugar coated pills and acrid tasting liquids are popular conceptions of doctor's prescriptions. Physicians, however, frequently use another type of prescription. It is called occupational therapy. And it will play a major part in the new neuro-psychiatric section of Wichita-St. Joseph Hospital" officially known as Unit I.⁴

To insure the excellence and adequacy of treatment, psychiatrists and nurses were directly involved in planning and equipping Unit I, a process which proved to be expensive. The final cost of \$475,000 actually doubled what had been estimated.

Opening Day, July 15, 1954, had a very special significance for the Sisters of St. Joseph, since it marked the twenty-ninth anniversary of the day on which they took over Wichita Hospital in 1925. Administrator of this new unit was Sister Victoria Lake, and Sister Leonilla Gouvion was transferred from St. Joseph's to become director of nursing service.

Members of the hospital auxiliary provided transportation for moving the psychiatric patients from St. Joseph's to the new unit. The nurses' residence near Wichita Hospital was also renovated and would be used by students from Catholic hospitals all over Kansas who came there for their psychiatric rotation. At this time, Sister Valeria Klenke directed the School of Nursing.

While all these historic events were taking place in midtown, time was far from standing still on Magic Hill. And the incessant activ-



Wichita-St. Joseph Hospital, Unit I, reopened July 15, 1954, as a psychiatric facility.

ity at St. Joseph's was directly related to another sign of the times—Wichita's continuation as one of the nation's leading cities in population growth. A major factor in that growth was Boeing's building of the B-47 and later of the B-52 along with a great increase in light plane production by Cessna and Beech. Thus, an unusual number of young people continued to come to Wichita to work in the aircraft industry; and the city recorded a gain of more than forty per cent in population from 1944 to 1955.

Still another factor in that growth was the Baby Boom occurring in Wichita at the end of World War II, when veterans came home to marry and begin families. This was an added reason for welcoming the completion of Annex A, which provided more space for the maternity section. This addition blessed by Bishop Mark K. Carroll in July, 1953, also housed a polio ward, the physical therapy area, the pediatrics section and two operating rooms. Furnishings for the wing were provided by the hospital Auxilians, who sponsored carnivals, held

bazaars and obtained donations to cover the \$100,000 needed to cover the cost. Then on September 14, the singer Tony Martin donated his talents for a benefit performance and a group of local businessmen covered expenses to net \$20,000, which would defray the cost of remodeling surgery areas at the hospital.

With the patient census continually rising, it was a boon to St. Joseph's to have the psychiatric patients transferred to Wichita Hospital in July, 1954, since this left the second floor of the north wing open. This gave Sister Anthony Winterschedit and her administrative staff an opportunity to provide a new medical service to patients by transforming this space into a ten-bed surgical recovery area. For the first time, patients could leave surgery and receive intensive nursing during the critical hours immediately following an operation. They were cared for by nurses who had had extensive training in critical surgical care and in the use of specialized equipment. In the following months, this entire wing was remodeled to house an expanded surgical department.⁵

Carefully reading the signs of the times in medicine and technology, St. Joseph's opened Wichita's first orthopedic ward in Febru-



St. Joseph's ten-bed post-anesthesia unit opened in 1954.

ary, 1956. This twenty-one-bed ward was housed on the ground floor of the West Annex just below the maternity area. Seven of the 21 beds in the wing were occupied on the first morning.⁶ Placement of orthopedic patients in one area made for closer nursing supervision and easier access to physical therapy rooms. Total cost of the renovation was \$4,000 and brought the hospital's bed capacity to 290.

By 1956 it had become apparent that the rapid increase in demand for medical services in greater Wichita would continue. This was obvious to St. Joseph's administration, since the hospital had recorded a 125 increase in admissions. This prompted the administrative staff to begin a study which would eventually culminate in a long-range plan for facilities to meet the needs of the people whom they were called to serve. A preliminary document entitled "Proposed Expansion and Remodeling Plan" was presented in the spring of 1957 and called for a major enlargement of existing facilities in an orderly fashion. Previously, building projects had been limited to solving short-term problems. This new plan, containing much of what had been proposed in a 1952 document, addressed long-term growth based on a fifteen-year history of expansion and a five-year projection of future need.

At the time this document was issued, however, yet another short-term project was already under construction. Begun in 1956, the \$600,000 building and remodeling program was half-finished August 11, 1957, according to the *Wichita Eagle*. A third-floor addition would house a 58-bed obstetric department with nursery facilities for an equal number of infants. The present obstetrics department would be remodeled, according to the *Eagle*, to house a 74-bed pediatrics section. Corridors would be constructed to connect the first and second floors of the new annex with the corresponding floors of the main building. Also being remodeled was the chapel. But the big news, stressed by the *Eagle*, was the 190 air conditioners thermostatically controlled within the rooms.⁷

When the addition was completed in 1958, Sister Antoinette Yelek, department supervisor, was on hand to answer questions during a January 19 Open House. Among the features explained was the "rooming-in" concept; and visitors were given tours of the isolation

area, observation nurseries, delivery rooms, labor rooms and facilities for doctors and nurses.⁸ Other updating in 1958 was X-ray remodeling at a cost of \$100,000 and a laboratory addition costing \$35,000.

Since the number of young patients in pediatrics had increased by more than 300 per cent in less than three years, the new department was most welcome; and special attention to the needs of these children was given by the Sisters and the staff. Most children entering the strange hospital environment and suffering from illness quite naturally needed more than ordinary care and support. While a tender bedside manner of nurses helped, it was in the St. Joseph's playroom that young patients found comfort. With a staunch belief in the wholistic development and care of the child, the pediatrics staff gave high priority to the inclusion of as much play as possible in helping young patients have a speedy recovery, since familiar toys enabled them to transcend their fears of the hospital experience and feel as if they were home. Engaging in play, the children in the new pediatrics department were able to reduce stress and apprehension. This greatly facilitated the healing process.

Another added service offered by St. Joseph's in 1958 was a Chronic Disease Unit funded initially by a \$119,475 federal grant. "An additional \$100,000 from the Hill-Burton Act helped with the construction of a unit for the treatment and rehabilitation of patients with long-standing histories."⁹

Less favorable signs of the times were increasingly apparent to the St. Joseph administration as the 1950's progressed. The persistent heating up of the Wichita economy spelled "trouble in River City" for everyone engaged in the health care industry, since inflation caused hospital costs to skyrocket.

In an attempt to slow the increases burdensome to institutions and patients, the Wichita Health Care Council appointed a study group to identify the cost problems. Pointed out as common yet uncontrollable costs were the high price of new technology, increased education expense for medical personnel, higher building costs due to stringent building codes, wage competition with industry for employees and the growing demand for luxury services. The secret of cost containment, according to the report, appeared to be in coordinating the growth of area hospitals and reducing unnecessary hospitalization

for patients with “no other place to go” or who stayed in the hospital for the convenience of their families.¹⁰

Each hospital, then, had to pore over its books to search for ways to cut costs without compromising on medical services. Unfortunately, St. Joseph’s had to consider closing the psychiatric unit at Wichita Hospital. This they were reluctant to do. No expense had been spared in remodeling it after the storm to convert it to a 100 bed unit. Sister Leonilla Gouvion, the nursing service director, recalls vividly the earnest strategic planning sessions which took place weekly and attended faithfully by psychiatrist Dr. Thomas Morrow. Not only had the best of equipment and services been introduced but special attention had been given to the dietary needs of patients with emotional illnesses. Sister Joan Rohleder, kitchen supervisor, oversaw the preparation of diets high in protein and vitamins for alcoholics and ones low in carbohydrates for patients receiving insulin. In short, the Wichita-St. Joseph psychiatric unit had provided superior treatment for patients on three different levels.¹¹

But certain “signs of the times” militated against its success. Tranquilizers and out-patient care had begun to replace hospitalization. Problems associated with specialization in this area included the stigma of entering a psychiatric facility. Many mental patients, then, preferred to be admitted to a general hospital’s unit. It seemed also that a growing body of evidence indicated that psychiatric patients responded better to treatment integrated into a general hospital setting. Moreover, the incorporation of mental patients into the regular body of admissions helped to reduce the cost of nursing, eliminated duplication of services and shortened the length of stay.

In addition, with the advent of tranquilizers came a radical rethinking about the treatment of emotionally disturbed patients and greatly affected day-to-day operations in psychiatric hospitals. Doctors visited hospitals much less often, since they preferred to have patients come to their offices for therapy.

But what impacted Wichita Hospital most, according to Sister Leonilla, was the expansion of this service both at Wesley and St. Francis Hospitals. When the renovation was completed in July, 1954, Wichita Hospital provided the city with its only maximum security

psychiatric institution. But with the 80-bed unit at St. Francis, which also sponsored an emergency call network utilizing trained residents, a surplus of beds for emotionally disturbed patients existed.¹²

With far more beds than patients in the area, Wichita Hospital struggled to pay overhead costs and each year the deficit had increased. By 1959, then, it was obvious that this unit would have to be discontinued after five years of operation.

Firmly committed to providing for the medical needs of the area, the Sisters studied the local health care environment in order to utilize Wichita Hospital to fulfill some unmet service. After they had determined this to be care for the chronically ill and convalescent, the findings of a survey of public and private social agencies corroborated their assumption. For this reason, Mother Mary Anne issued a press release for the purpose of announcing that the hospital would be converted to a rehabilitation center. *The Catholic Advance* reported, "Definitely meeting a community need, it provided care for patients who were either bedfast, ambulatory or resident and who needed minimum medical supervision."¹³

When the Wichita Hospital for Rehabilitation, which this unit was then called, began operation with this new mission July 1, 1959, Sister Joachim Wapelhorst became administrator of Wichita's only facility designed to provide such long-term care in a medically supervised setting at a reduced cost. Her master's degree in social work made her well qualified to oversee the hospital's operation, while Sister Leonilla Gouvion remained as nursing service director to implement a policy of active rehabilitation for the patients. From the beginning, the hospital's motto was: "From hopelessness and helplessness to self-sufficiency" to describe how stroke patients and others disabled by disease or accidents profited by the facility's physical therapy. Cared for at the unit were bed patients needing sub-acute nursing, ambulatory patients needing support and assistance in daily living and self-care residents needing a minimum of supervision and nursing.¹⁴

Sister Joachim's tenure as administrator was brief, however, since in 1960 she was elected general superior of the Sisters of St. Joseph of Wichita and then appointed Sister Rosalie Menges to succeed her. Sister Rosalie was no stranger to Wichita Hospital, since she had served

as its administrator in 1950 and 1951. In the November, 1960, issue of *The Memo Pad*, an in-house newsletter, she defined the facility in a column entitled "Did You Know?" Significant facts in question form were: "We are not a Nursing Home but a hospital for convalescence and long-term illness? And that we are the only such hospital in the State of Kansas? Our daily rate for approved hospital care is about $\frac{1}{3}$ that of a general hospital? Patients receive approximately $5\frac{1}{2}$ to 6 hours of nursing care per day? (The average for a general hospital is about 2 hours) We employ 33 full time and 10 part time people; as well as having 5 sisters on the staff?"¹⁵

Frequent references are made in *The Memo Pad* to valuable assistance by the hospital auxiliary and to the fact that nursing students residing at St. Joseph's received their clinical experience in caring for



The cornerstone is blessed by Msgr. William M. Farrell in 1960 as construction continued on the new rehabilitation wing. Looking on at left are Mother Mary Anne, Sister Roberta La Forge, administrator; and Mother Joachim Wapelhorst.

chronic and convalescent patients at the Wichita Hospital for Rehabilitation.

Meantime out on Magic Hill, an exciting new project was getting underway. St. Joseph Hospital had received a federal grant of \$800,000 in 1960 to aid in the construction of a \$2 million rehabilitation wing. Groundbreaking for this major addition to be located south and west of the existing building was held March 19, 1960, and conducted by Bishop Mark K. Carroll. Hahner and Forman were general contractors for this three-story and basement structure, whose dimensions were set at 200 x 184 square feet. This new wing would provide accommodations for chronic, short-term, ambulatory and in-patients, and would house services located in the original building.

When Mother Mary Anne McNamara succeeded Sister Roberta LaForge as administrator of St. Joseph's in 1961, she found herself right in the middle of this huge construction project. But she needed no orientation, since she had been involved in every stage of its development as general superior of the congregation. Moreover, she had added to her own long experience in health care by opening a central office to oversee the operation of the hospitals sponsored by the Sisters.

Dedication ceremonies for this rehabilitation wing were conducted by Bishop Mark K. Carroll on July 6, 1961. After the Bishop's dedicatory address, Wichita's mayor, Herbert Lindsley, assisted him in cutting the ribbon that signified the official opening of the wing. The exterior of the building reflected the best of contemporary architecture. A great expanse of glass and handmade ceramic brick graced the front of the building, which was enhanced by a statue of St. Joseph, the Sisters' model of service.

The rehabilitation center occupied the first floor of the new facility. Occupational, physical and recreational therapy rooms, a speech and hearing clinic, psychology and social work offices along with a gymnasium supported the recovery process. A new gift shop, snack bar, cafeteria, pharmacy and administrative offices were located near the foyer. In-patients were housed on the second floor, while central services, medical records, personnel, purchasing and receiving were located in the basement.

The inclusion of the latest rehabilitation equipment, facilities



Bishop Mark K. Carroll applauds as Msgr. William Farrell speaks at podium during the dedication of the Rehabilitation Wing July 6, 1961. Pictured with them from left are: Dr. William Reals, Dr. Ross Skinner, Mother Joachim Wapelhorst, Mother Mary Anne McNamara and Glenn Russell.

allowing for specialized treatment and the expense of constructing a new air-conditioned building caused the average cost per day for hospitalization to balloon to \$25. But the increased life expectancy among the elderly was a significant factor in calling for more rehabilitation services. This trend coupled with the success of innovative medical treatment for the chronically ill set the course for this new emphasis in the hospital's approach to general care of patients.

While this rehabilitation wing was under construction in 1960, another innovation was introduced at St. Joseph's in a new state-of-the-art intensive care unit. To give maximum care in this unit the nursing staff received special training in meeting the needs of critically ill patients. Twenty-four-hour monitoring was given to post-operative patients and accident victims. The unit was designed with full-

view glass walls, which allowed nurses to watch patients from their work stations. Moreover, intensive care unit nurses would be easily distinguishable from other hospital personnel by a bright yellow trim on their uniforms.¹⁶

A less happy event occurring during this construction period was the razing of the “Big House” donated to Wichita Hospital in 1919 by Benjamin McLean for a nurses’ residence. For students who had lived in this historic mansion, its demolition in mid-May of 1960, meant a personal loss. Evelyn Nickelson Atkinson, a 1942 graduate of the School of Nursing, expressed her cherished memories of the classic-style landmark as follows: “The very sight of this picture stirs within each, her own favorite thought: Maybe a circular staircase or swinging chandelier; or maybe a dining room or huge dormitory; possibly a third-floor party or cracked creepy basement with an unknown number of rooms where any one could hide or a silent dark library of walnut or just a private high-ceilinged office. Yes, this picture reminds us that we walked in dignity. Our memory brings forth thoughts of bliss.”¹⁷



Sister Ida Wolf studies chart with a nurse in the Intensive Care Unit opened in 1960.

Sister Philomena Waner, a centenarian in 1995, had her own thoughts of bliss as she recalled how good the nursing students always were to her when she served as their housemother in the “Big House” from 1928 to 1942 and again from 1946 to 1948.¹⁸

Perhaps the razing of the old McLean mansion foreboded more “trouble in River City” on the West Side. At any rate, once the new rehabilitation center was in full operation, it was no longer possible to put off a decision on the future of Wichita Hospital. On October 5, 1961, Mother Mary Anne, at the request of Unit I’s medical director, Dr. Anita Isaac, convened a meeting primarily to consider this question. Citing location and the unsuitability of the old building for convalescent and chronically ill patients as major reasons for the low patient census, Dr. Isaac also called attention to the continual financial deficit amounting to as much as \$6,700 a month.

She then made three recommendations. Patients could be transferred to other nursing homes within the community; or they could be taken to St. Joseph Hospital for the time being as the program was gradually phased out; or as a third alternative, the program could be continued at St. Joseph Hospital on a permanent basis. The group favored the third alternative and decided to recommend to Mother Joachim that Wichita Hospital be closed by November 1 and that patients be transferred to St. Joseph’s permanently.¹⁹

When Wichita Hospital closed its doors to patients after having been a haven of health care at Douglas and Seneca for so many years, the Flanagan Mortuary provided its entire fleet to transport the patients to St. Joseph’s.²⁰ Reluctant to see the end of such a significant health care ministry on this site, the Sisters put the property up for sale in the hope that some other organization might use the building for medical purposes.

In the six years that followed, it was used for a brief period as a dormitory for male students of Sacred Heart College; and later it became a storage facility for the Wichita Art Society. In 1965 during the tenure of Bishop Leo C. Byrne, the Diocese of Wichita purchased the nursing school annex to be used for Catholic social service. The hospital building was leased in 1967 by the Wichita Area Community Action Program, Inc., to house administrative offices for this divi-

sion of the War on Poverty program. Finally, when the landmark hospital building was again vacant in June, 1972, the Cornejo and Sons demolition contractors razed the structure.

Once all operations of Wichita Hospital had been incorporated into the services of St. Joseph's, a name change was announced by Mother Joachim, general superior of the Sisters of St. Joseph of Wichita. The current title, Wichita-St. Joseph Hospital, was no longer accurate. Thus, a new title reflecting the prevailing medical emphasis of the institution was adopted. The new name, St. Joseph Hospital and Rehabilitation Center, was to be effective in February, 1962.

The long-standing commitment of St. Joseph's to rehabilitation dates back to 1952 with its first occupational therapy program and is attested by holding full membership in the Association of Rehabilitation Centers since 1954. After completion of this new wing, forty-five of the hospital's 345 beds were allocated to this service.

In the wake of absorbing Wichita Hospital's operations, St. Joseph found itself afflicted with another round of growing pains. Its emergency rooms were serving ever more patients. When a critical shortage of interns occurred during the fall of 1961, members of the medical staff volunteered to pick up the slack by offering their services without pay on weekends and by supplying necessary personnel for night emergencies. Every two weeks, doctors would be on call for twenty-four hours in obstetrics; and volunteers served from midnight to 5 a.m. in emergency rooms.

Obviously the new 1961 expansion was just another temporary answer to an immediate need for additional space. During the first two months of 1963, all previous occupancy records for the hospital were broken repeatedly. On February 21 a record 379 patients filled the hospital to capacity. The general hospital had 331 patients, thirty babies were in the nursery and eighteen patients occupied the rehabilitation unit. Only seven months after opening the new addition, St. Joseph had patients in the solariums and scattered up and down the halls.²¹

Records continued to fall for the remainder of 1962. The most telling statistic was an increase of 13,162 in patient days, which was reflected in all departments. The number of prescriptions filled in the

hospital pharmacy rose by 23,491. Emergency room patients increased by more than 1,800; and an increase of 2,897 patients received physical therapy treatments. As a result, the hospital's support service departments were strained by serving 81,288 additional meals and by handling 263,240 more pounds of laundry.²²

Such an unrelenting demand for health care and the continual construction it entailed reflected Wichita's robust defense economy, which was booming during the Eisenhower era. Although the United States was no longer engaged in a hot war, the nation had dedicated itself to containing Communist expansion and the Cold War was raging. This fact impacted the local economy with the building of B-52s; and the threat of nuclear holocaust carried over into the city's schools with daily "duck and cover" drills. Also the notion that the next war might bring atomic weapons pouring from the skies led to the designation of St. Joseph Hospital as a fallout shelter.

Providing havens of refuge for citizens without personal fallout shelters became a critical part of the Civil Defense plan for the nation. For this reason, in the fall of 1962, St. Joseph offered space in the basements of the new building, the annex and the laundry facility for part of this home-front defense system. By March, 1963, Civil Defense authorities had delivered a two-weeks supply of food, water and medical supplies to be stored to sustain hundreds of people in the event of a nuclear attack. The hospital agreed to store this material for five years; and the fact that both shelter and medical help would be available at St. Joseph did much to relieve public anxiety over the threat of such a catastrophe.

Another effort St. Joseph made to reach out to an anxious community was offering a medical self-help course for the lay public interested in preparing for nuclear attack. The instructor for this course, Louise Ridder Everhart, R.N., had completed a training course offered jointly by the U.S. Public Health Service and Civil Defense personnel. It was designed specifically to train teachers about acceptable protective measures in the event of a nuclear attack. Students who availed themselves of the course at St. Joseph learned about the seriousness of radioactive fallout, how to protect food and water supplies, how to prepare a sanitary environment, how to administer first aid and assist in emergency childbirth.²³

Space problems being what they had become at the hospital, administrators could ill afford to provide room for these efforts. But true to their ideals, they sacrificed to what the “signs of the times” indicated as needed by their country and their city. At the same time, they continued to update services and facilities. A social work department was established in 1962.

During the summer of 1963, a fifth surgical suite was added. Ceilings were lowered, a new workroom was constructed and a new emergency power system was installed. For the first time a sound-wave abrasion cleaner for surgical instruments was put into use to replace the older method of washing and sterilizing surgical instruments in a liquid solution. This sound-wave abrasion unit not only reduced human error but also greatly accelerated the process.

In the fall, 1963, edition of *Profile*, the hospital's quarterly magazine, an article reported the completion of a new diagnostic X-ray room, added next to the isotope room and equipped with the latest remote television monitor. The annex received a minor face lift, a modern decorating scheme with lower ceilings, freshly painted walls and new tiling on the floors.²⁴

By September, 1963, all departments at St. Joseph had recovered from the inconvenience of remodeling; and the hospital introduced its latest piece of equipment to be used in ulcer treatment. Several members of the medical staff had traveled to the University of Minnesota School of Medicine in order to learn the use of this new gastric hypothermia machine. The procedure pumped alcohol, cooled to ten degrees Centigrade, down a tube to fill a latex balloon in the stomach. This liquid froze gastric duodenal ulcers, stopped bleeding and allowed ulcers an opportunity to heal. After this simple process, patients could return to a normal diet without the constant pain associated with ulcers.²⁵

Reading the signs of the times had meant many changes, some of them painful, especially those phasing out such a venerable institution as Wichita Hospital. But all of these changes had occurred in the hope of providing “the more” and the best of medical care for the “dear neighbor” without distinction. Cherishing this same hope and holding fast to this same spirit, they faced an uncertain future unafraid.

CHAPTER V

THE STUFF OF DREAMS



Even the down-to-earth poet Carl Sandburg agreed that any great undertaking first exists in dreams of what could be. And every stage of health care advancement undertaken by the Sisters of St. Joseph since 1925, whether in Midtown or on Magic Hill, had been the “stuff of dreams”. Each of these steps had been taken because they firmly believed that “without vision the people perish” and because they were continuing a tradition inherited from a long line of dreamers.

They could trace their dream heritage all the way back to St. Joseph, their patron and model, whose dreams enabled him to share in the redemption of the world in the person of his foster-son Jesus. Moreover, the Sisters could attribute their very presence in Wichita in the twentieth century to the fact that the dream of a seventeenth-century Jesuit had come true.

Quite naturally, then, dreaming of providing “the more” in health care for the “dear neighbor” had been a continuous process, which by the 1960’s had brought them to a crossroads. Mother Prudentia’s

dream in the early 1940's of an eleven-story facility, touted to become another Johns Hopkins or Mayo, had not come to reality. But the dream was far from lost. It resurfaced in 1950 when Sister Anthony Winter-scheidt, administrator, announced that construction on a six-story main section of St. Joseph Hospital was expected to begin in the early fall and be completed by late 1951 or early 1952. Once again dreams gave way to reality and Annex A, dedicated in July, 1953, turned out to be not a tower but a much more modest 130-bed addition.

The 1960's, turbulent times for American society, were no less so for health care; and it became apparent that St. Joseph's continued service to the community required a new facility designed for the future. So innovative were the concepts they explored in the planning process that the proposed advanced techniques of automation and communication became the subject of radio programs, debate in local board rooms and health care meetings across the state.

A factor accelerating the planning process was the climate of government regulation of health care facilities. All expansion programs had to be submitted to regional bodies to justify the need for such facilities in order to prevent duplication and an excess of hospital beds. The group studying hospital needs in the Wichita area was the Sedgwick County Health Facilities Planning Council, which in 1964 requested that each Wichita hospital submit a master plan through 1980.

The St. Joseph 20-year plan derived from an obsolescence study begun in 1962 and which evolved as the Master Plan completed in June, 1963. At a May 14, 1964, meeting of the Council, Frank Boettger, chairman of the St. Joseph Advisory Council, introduced architect and consultant, Robert Jackson, who made the presentation.

The Master Plan which Jackson described called for a three-phase construction program. It is worthy of note that in Phase I, the persistent Dream Tower reappeared. According to the plan, a six-story tower would replace about half of the existing plant. Only the rehabilitation wing added in 1961 and the Annex would be retained, since so many deficiencies had been inherited from having to undertake construction under unfavorable conditions. The final result was a sprawling complex which was inefficient and unserviceable. Phase II

called for the construction of a new self-care unit for convalescing patients with a tunnel connection to the main hospital building. Phase III would complete the top floor of the new building to make seven floors above the basement level. This expansion would bring the eventual number of beds to 725.¹

Boettger pointed out to the Council, "The fact is, we are doing a good job despite deficiencies inherited from the World War II period...St. Joseph's high occupancy rate is an indication of its acceptance and of its need in the community." His remarks were backed up by a record of 95 per cent occupancy up to that point in 1964.²

The news of this 20-year expansion program stirred wide community interest. A *Wichita Eagle* editorial stated: "Anyone who has spent time in a hospital must have rejoiced at some of the goals set forth by St. Joseph Hospital and Rehabilitation Center in its proposed \$10-million expansion program. St. Joseph's proposed nothing less than making the patient king....and to put the nurse back at the patient's bedside."³

In January, 1965, Frank Boettger again appeared before the Council to ask for at least 50 per cent of any immediate new hospital beds built in Wichita. Associate administrator Joseph Heeb pointed out to the Council that in November, 1963, St. Joseph had only 19 per cent of the total hospital beds in Wichita but handled 22 per cent of the patient load. "Occupancy in the acute-care departments at St. Joseph continues to climb far beyond what could be considered a safe or reasonable rate," he added.⁴

Finally by May, 1965, the Council had approved the hospital's expansion plan but had removed almost \$2 million and 70 beds from Phase I. Mother Mary Anne stated that the approval did not mean that funds had been allocated but that the Master Plan would become part of Sedgwick County's future medical facilities. It did mean, however, that the hospital was eligible to apply for Hill-Burton matching funds for half of the \$8.4 million cost.⁵

On July 9, 1965, Boettger and Jackson presented the outline of the Master Plan to the State Advisory Council. Presenting plans on the same day were Wesley and St. Francis. First priority was given to Wesley for a \$2.2 million portion of its plan.

Disappointed but determined to proceed, the St. Joseph administration forged ahead with its financial and architectural planning in order to have this completed by the end of the next year. While this strategic planning proceeded, the hospital was shoring up its internal strength by advancing in medical research. In December, 1965, the E.S. Edgerton Medical Research Foundation was dedicated with John Holmgren as director. The work of the foundation was launched by a \$141,233 grant for cancer research.

Most encouraging was the community response to the Master Plan by means of generous contributions of funds to match the proposed Hill-Burton grant. A contributing factor was a series of articles appearing in the *Wichita Beacon*, before the architects' preliminary drawings had been unveiled February 22, 1966.⁶

The model revealed such technical advances in design that "everything (was) put on a conveyor belt except the patient." The concepts to be incorporated in the new St. Joseph originated with Canadian-born hospital consultant, Gordon A. Friesen, who with architect Robert Jackson presented the model.

"What you find in most hospitals," he said, "is utter confusion—due partly to poor design and poor organization. If American industry operated the way the average hospital does, it would go bankrupt overnight."⁷

Contending that hospital planning had not kept pace with advances in medical and technical science, he turned to industry as his model for methods of organization and production. The two basic supports of his concepts were instant communication and rapid distribution of supplies, a system used in only four other hospitals in the nation. Friesen's distribution system was called the Automatic Cart Transportation System, employing overhead monorails to speed supplies both horizontally and vertically. Instant communication would be made possible through an intercom system working through the television set in each patient's room. Messages would be received in a team control center, serviced by a registered nurse, a practical nurse and a nurse aide.

An essential element in Friesen's plan was having only private rooms, which would be self-contained intensive care units. Not only

did private rooms give the patient conditions vital to recovery but they also would increase occupancy, since semiprivate rooms required a match of patients according to sex, general age and condition. Using these concepts would save time for nurses, Friesen claimed, because nurses spent about 50 per cent of their time getting supplies. With this system, patients would receive better care with fewer personnel.⁸

In this interim of waiting for word on the outcome of the request for Hill-Burton funds, a history-making event occurred. In 1966, St. Joseph Hospital and Rehabilitation Center became the first of the institutions owned and operated by the Sisters of St. Joseph of Wichita to become separately incorporated. The newly formed Board of Trustees, which would act in the future as the hospital's governing board, met for the first time July 12, 1966. One of its first official acts was to name Mother Mary Anne president and chief executive officer of St. Joseph's. Officers of the Board were: Chairman, Frank A. Boettger, senior vice-president and treasurer of Cessna Aircraft Company; vice-president, Sister Aloysia Friederich, treasurer of the Sisters of St. Joseph of Wichita; secretary, Joseph A. Heeb, associate adminis-

Mother Mary Anne and Joseph Heeb, at right, study architectural plans as dreams are being translated into reality.



trator; and treasurer, Glenn Russell, senior vice-president of Fourth National Bank. Charter members were Fred Dold, Paul J. Foley, George B. Powers, Mother Joachim Wapelhorst, Sister Cecilia Bush, Sister Martinette Schappler and Sister Valeria Klenke.

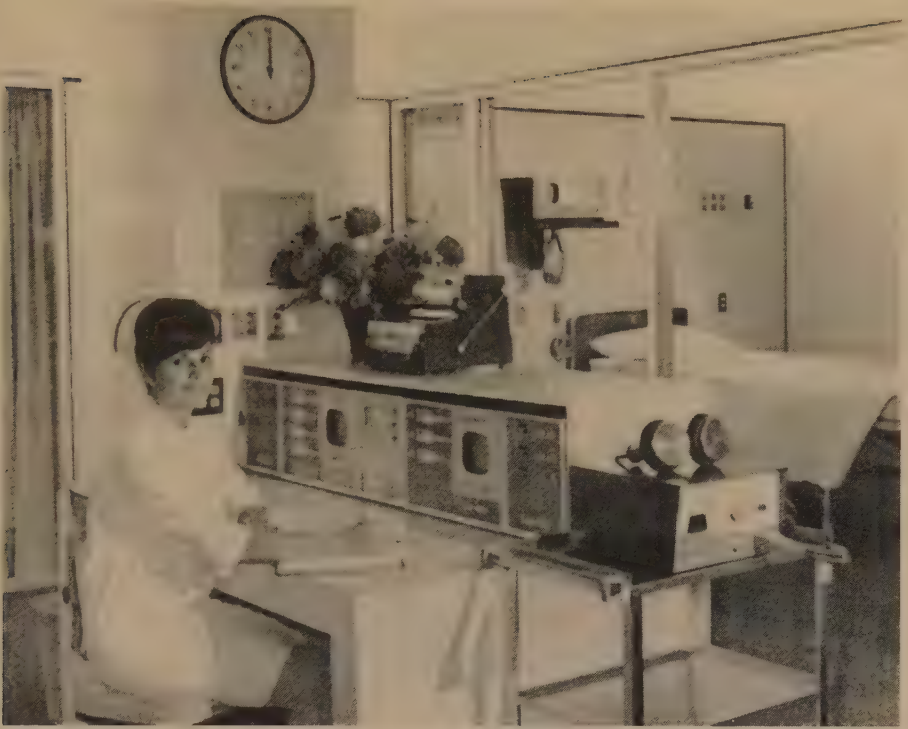
One of the first effects of this restructuring of management was better starting salaries and a general wage increase for all employees. Announcing the plan effective in August, 1966, Mother Mary Anne presented it as a gesture of appreciation of employee service and an assurance of continuing concern for their interests.

In the meantime, the St. Joseph planning group could attest to the fact that there were delays of from two to five years between application for and awarding of Hill-Burton funds. For this reason, they decided to start with Phase II of the Master Plan in order to provide for more bed space. Once again the Dream Tower was on hold while construction on a 122-bed Continuing Care Center began at a projected cost of \$2.2 million. Announcing this revised plan November 8, 1967, Mother Mary Anne stated that separating the construction into phases greatly accelerated the ability to move forward.

"The new St. Joseph plan will fit into the program of planned hospital expansion adopted by the planning group," Mother Mary Anne said. "This means we can utilize our present beds economically if we must build in stages for financial reasons." With this unit, shaped in a modified U and accommodating convalescing patients, beds in the general hospital would be available for acute care. Financing involved an Eastern lender with a lease-purchase agreement.⁹

This new building would use many of Friesen's concepts about space utilization and daily operations. Pneumatic tubes at nursing stations allowed ready access to the main hospital, and intercoms interlaced the rooms for instant communication with the nursing staff. The single rooms had semi-private baths. Handrails in hallways, shower stalls, wheelchair access for bathing and toilet facilities made the transition period of recovery more comfortable for extended care unit patients. The design also made for economy in operation.

While progress was being made on the Master Plan, the continuing search to provide "the more" for patients went on unabated. A new seven-bed Coronary Care Unit, the largest in Wichita and second



Nancy Burk was head nurse in the new Coronary Care Unit opened November 2, 1967.

largest in Kansas, went into operation November 2, 1967. Co-directors were Lew W. Purinton, M.D., Director of Medical Education, and Lew Marshall, M.D., Director of Medical Education in the Department of Internal Medicine. Only specially trained nurses served in the unit. Nancy Burk, head nurse, received comprehensive training in coronary care nursing at Cornell University. The electronic equipment in the unit provided a constant supply of information about the heart patient; and a cardiac monitor on each bed detected changes in heart rhythms immediately communicated to the nurses through an alarm system.¹⁰

St. Joseph also took another step as a teaching hospital by introducing a School of Inhalation Therapy, directed by Dr. Lew Marshall. Opened in February, 1968, the program involved eighteen months of course work and clinical experience. After passing a written examination, students completed a year-long internship at the hospital. In order to become certified they then had to pass an examination

administered by the American Medical Association.¹¹

As medical technology advanced, so did the number of highly skilled health care professionals increase, along with the demand for higher wages and benefits. Constant updating of expensive medical equipment and matching salaries with the inflationary spiral posed serious problems for all hospital administrators, who had no alternative but to pass these charges on to the patient. At the same time, the average length of stay in the hospital continued to decline because of improved medical procedures, new drugs and more effective therapy. In 1947, a pneumonia patient on average stayed in the hospital sixteen days at a cost of \$10 per day. By 1963, the same patient would probably stay for five days at a cost of \$31 per day.

Although St. Joseph made every effort on its own to increase wages, like all businesses it was spurred along by President Johnson's War on Poverty, which raised the minimum wage. By the fall of 1967, the hospital planned to exceed the minimum by raising its pay to \$1.60 per hour at the beginning of 1968. Frank Boettger, board chairman, suggested that this increase was only a start in the effort to offer benefits competitive with those paid by the general business community.

Because of its effort to compensate justly, St. Joseph enjoyed an enviable record of employee loyalty. For instance, many nurse graduates of the hospital School of Nursing took their first jobs at St. Joseph and remained there until retirement. Wishing to preserve this favorable tradition, Mother Mary had announced in 1967 a general pay increase of fifteen cents per hour for all employees and even more for certain positions requiring a higher degree of entry-level skills. Moreover, a new pension plan was put into effect and applied even to part-time employees based on their average earnings during the last ten years of employment.

Life insurance for each employee doubled and the number of paid holidays was extended to seven per year. Differential pay was set up for fulltime workers on the evening shift and those on call could accrue sick leave and vacation pay. The general feeling of having a secure retirement and working for a caring institution contributed greatly to employee morale.¹²

Even though they could not begin on schedule with Phase I, the

planning group was heartened to see Phase II come to a conclusion with the opening of the third floor of the Extended Care Unit, which received its first patient October 7, 1968. Two days before that, Mother Mary Anne held a press conference to announce the official opening and to give tours of the new facility to reporters. They were much impressed by the wall-to-wall carpeting, central air-conditioning, wood paneling, electrically controlled patient rooms and bath facilities in each room. At the same conference, Mother Mary Anne announced that October 21 would be the official opening of the newly renovated emergency department.¹³

But what would make October, 1968, an even more significant month was a major step in bringing the Dream Tower into reality. On October 11, 1968, the Wichita city commission gave their vote of confidence in St. Joseph's ability to meet its financial obligations by approving a letter of intent to issue \$24.5 million in industrial bonds. To date that was the largest city industrial bond issue ever. The actual issuance of these bonds depended on a favorable feasibility report within 180 days from the firm of Ernst & Ernst, Certified Public Accountants. In the announcement it was stated once again that the new facility to be completed by 1973 would eliminate obsolete buildings and centralize services under one major roof. It was expected that the Friesen concept of "form follows function" in automation, materials, distribution and management would greatly reduce operating costs.¹⁴

Delays in construction starts had no effect on the continuing implementation of ever more advanced medical services at St. Joseph. In January, 1969, a new psychiatric department was opened under the direction of Donald George, M.D. It was known as a Milieu Therapy Ward, because patients were treated by utilizing the entire living experience. Located in Rehabilitation Ward C, twenty-seven beds and two small security rooms were equipped for fostering this environmental approach to treating emotional disorders. The type of therapy had two major goals, reversal of the social breakdown syndrome and assistance in treatment of intrapersonal psychopathology. The group, occupational, recreational and individual therapies employed required an average patient to stay for four to six weeks. The nature of the treatment was avoidance of "bed" therapy by active interplay between staff

and patients as well as between patients and fellow patients. Such planned replication of a home environment helped in the patient's transition from private living to institutional care in order to promote a healthy disposition when the patient returned home.¹⁵

Despite the efforts of all Wichita health care administrators, a citywide increase in room rates took place by January, 1969. Private rooms were forty dollars a day; and semi-private ones twenty-eight dollars. Responding to what one hospital official called "a medical crisis", all city hospitals also increased salaries. In September, 1966, the average starting salary for nurses had been \$2.15 per hour. Three years later, it was \$3.50. Although the national minimum wage had been increased to \$1.30, St. Joseph continued to exceed that amount in order to attract a better skilled work force and retain employees.

Another innovation in service took place during the summer of 1969, when nurses from the Home Health Unit began visiting patients in their homes. This followup program was a service of the Division of Medicine and Rehabilitation and had originated in a project called "A Hospital-Home Care Stroke Rehabilitation Program". This was possible through the E.S. Edgerton Medical Research Foundation, which received a federal grant to implement home follow-up visits for stroke patients. The success of the program led to the creation of the same type of services for the brain-damaged, paraplegics, orthopedic cases and patients with cystic fibrosis.

The home visit process taught family members to administer physical, occupational and speech therapy. Patients not living with family members were taught homemaking skills, how to attain emotional and psychological health and how to develop activities associated with day-to-day living. This program, new to the region, was so successful in patient recovery that its fundamental concept was soon adopted by 16 other health care organizations.¹⁶

In 1970 St. Joseph took a giant step towards becoming a teaching hospital. Dr. Lew W. Purinton, medical education director, had submitted an application to the Department of Graduate Medical Education of the American Medical Association for an on-campus program to train residents in family practice. This three-year residency program was approved during the summer of 1970. Young physi-

cians would concentrate on family and community medicine, pediatrics, internal medicine, surgery and psychiatry. They could supplement this basic curriculum with electives in anesthesiology, radiology or pathology and would have experience in emergency medicine.¹⁷

Approval of the program instituted an intense search for a director. This search ended close to home with the appointment of James M. Donnell, M.D., a native Wichitan and member of the hospital staff. Dr. Donnell, who had a large practice in family medicine, was also approved by the American Academy of General Practice and had served residencies in internal medicine and psychiatry.

Once the program had a director, it also needed a home; and the Board of Trustees began plans immediately for the construction of a Family Practice Center to be located east of the hospital complex and near the emergency entrance. H.A. Van Burskirk, Inc., received the contract to build this buff brick and glass structure on South Clifton. It would contain seven examination rooms, three doctors' offices, a nurses' station/medicine room combination, waiting room and admitting area, and a large library/conference room. Begun July 1, 1971, the center was finished ahead of schedule in December.

The \$78,750 project was partially funded by a Hill-Burton grant of \$29,681 and was believed to be a "first". George Powers, then Board chairman, said, "As near as we can determine, the new St. Joseph family practice center is the first in Kansas which was built for this specific purpose."¹⁸ Dedication Day, December 13, 1971, was a gala occasion attended by city, county and state officials. Governor Robert B. Docking cut the 42-foot ribbon and thus officially launched the new facility which opened two days later on December 15.

Director Dr. James Donnell explained the importance of the center by saying, "Not many people realize how important the family is to a person's health. Family practice gives a doctor the opportunity to become familiar with the whole spectrum of family life, including the emotional stresses and strains family members experience... Our center will be open to the public, just as any family doctor's office is open to the community." He also stated that the maximum enrollment would be limited to nine.¹⁹

As 1972 made its advent, there was still no construction crew

moving dirt for the Dream Tower but plenty of activity was taking place to make it happen. Public relations efforts went on apace to keep people aware of progress on the plans and let them know what to expect in the new building. *The Catholic Advance's* January 20 issue featured a two-page spread detailing a presentation made January 11 to the Sedgwick County Associate Council for Comprehensive Health Planning. It also went into detail on what would be contained on every floor of the proposed tower.

Quoted was Mother Mary Anne who said, "We could do a lot better job at less cost with a more up-to-date facility. And the site is large enough to accommodate any future expansion program in accordance with community need." Joseph A. Heeb reported that the actual site work would begin in late 1972 with completion slated for mid-1975.²⁰

Other innovations in keeping with the "signs of the times" included a new arthritis and rheumatic disease clinic under the direction of Frederick Wolfe, M.D. Following an April 1, 1972, announcement, hundreds of calls were received. With an estimated 30,000 people in the metropolitan area reported to suffer from some form of arthritis, the staff had expected that local calls would be heavy. But the response far exceeded their most optimistic projections. Calls came from hundreds of miles away as people read newspaper accounts of the projected Regional Arthritis Clinic. These callers were referred to university centers near them, since the type of treatment planned at St. Joseph could be obtained there.

The clinic philosophy called for diagnosing ailments in the early stages in order to slow down advancing stages of deterioration. Because of having only a small staff and being open only on Fridays, the clinic was limited in the number of patients it could treat. Thus, by the time it opened to receive its first patients during the third week of April, its appointment book was already filled up to July.²¹

In the following month, still another advance in patient care took place at St. Joseph with the complete remodeling of the nursery area. The first phase of the project had been completed in December, 1971, with two new newborn nurseries, each with a capacity of nine. Completed May 9, 1972, the project provided both intensive care and spe-

cial care nurseries, equipped with units for respiratory care, monitoring, heat therapy, photo therapy as well as individual life systems and special work counters with module service for vacuum, oxygen, compressed air and examining lights. Assisting with funding for this \$30,000 project was the hospital auxilliary, which gave an equipment grant of \$15,000, and Beech Aircraft Foundation, which provided a \$1,400 special incubator for premature babies.

"The units," said Herbert R. Goldberg, M.D., director of pediatrics, "are the first in this area which were especially designed and built from scratch for this purpose."²²

A boon to the already impressive record of St. Joseph's rehabilitation department arrived September 1, 1972, when Albert R. Siegel became its director. An eminent physiatrist, Dr. Siegel came from the position as chief of the Department of Rehabilitation Medicine at Memorial Hospital in Springfield, Illinois. He had served as chief consultant physiatrist for the Illinois Department of Public Health for seven years. "His credentials in rehabilitation medicine are impressive and we are looking forward to an expanded treatment and research program at our rehabilitation center," stated Joseph Heeb, administrator.²³

1973 would prove to be a red-letter year for Mother Mary Anne, the Board of Trustees and administrative staff, who had spent so many years paying the price to make their dreams come true. At long last the groundbreaking for the new St. Joseph Hospital tower took place October 21, 1973. By this time Dr. James Donnell was not only Family Practice director but mayor of Wichita as well. In this latter capacity, he addressed about 200 people gathered for this historic ceremony at which Bishop Mark K. Carroll gave the invocation and benediction.

The long-awaited moment came when John Oxler, chairman of the Board building committee, handed Mother Mary Anne the silver shovel which had been used in all previous groundbreaking ceremonies on the Magic Hill site. Turning the ground with Mother was Sister Antoinette Yelek, then general superior of the Wichita Sisters of St. Joseph. This act on their part conjured up memories of their predecessors, who had shared the dream—Mother Prudentia Miller, Mother Baptista Casey and Mother Joachim Wapelhorst.



Groundbreaking for the Dream Tower took place October 21, 1973. Turning the ground from left are John Oxler, George Powers, Sister Antoinette Yelek, Mother Mary Anne, Joseph Heeb and Dr. Victor North.

Preceding the groundbreaking there had been significant updating of services and equipment. On April 1, Marilyn Hartely had been appointed as nurse epidemiologist to work in cooperation with the Infection Control Committee, the pathology and nursing service departments. A four-month trial period of family-centered maternity care had been introduced on July 3. Designed to help first-time mothers learn to care for a neonate and help parents establish bonding with the newborn, this program sought to treat husband, wife and baby as an interrelating family unit during the mother's hospitalization. Since a total of 97.8 per cent opted for this program during the trial period, it was set up on a permanent basis in February, 1974.

An important department was instituted in September, 1973, when Sister Veronica Considine and Sister Clarita Waner began to operate as pastoral care chaplains. This ministry is an embodiment of the basic charism of the Sisters of St. Joseph, who seek to perform all the works of mercy for the "dear neighbor" as a whole person. Health



The pastoral care department got underway in September, 1973, under the direction of Sister Veronica Considine, left, and Sister Clarita Waner, right.

care for them involves contributing to physical healing by meeting the patient's spiritual, emotional, social and psychological needs as well. Pastoral care personnel seek to minister to the spiritual aspect of the patient's well-being in cooperation with local clergy.

Some other highlights of 1973 were a new pulmonary functions laboratory, data processing remodeling and training institutes conducted by the E.S. Edgerton Foundation on the social-psychological aspects of health care delivery. On October 16 the hospital had its first Med-A-Vac patient transferral via an army helicopter from the University of Kansas Medical Center.²⁴

As construction progressed on the Dream Tower, an innovation occurred at the School of Nursing. Gloria Kilian, Ed.D., was appointed to succeed Sister Valeria Klenke as director. She was the first lay director since the school came under the management of the Sisters of St. Joseph in 1925. Under her direction, the school phased out its three-year hospital-based diploma program and went along with the

“signs of the times” in offering, as a nursing division of St. Mary of the Plains College, both baccalaureate and associate degrees in nursing.²⁵

Administrator Joseph Heeb called 1975 “one of the busiest and most productive years in the hospital’s history.” One unique community outreach of that year set a precedent to be emulated by many other health care providers. That was the opening of Wichita’s first Minor Emergency Center at Seneca and Pawnee in order to reach a medically underserved population of some 50,000 people. Beginning January 15, 1970, the center served patients in southwest Wichita, Haysville and the surrounding area from 8 a.m. to midnight seven days a week. A physician, nurses, laboratory and X-ray personnel were on duty at all times. The facility was an extension of St. Joseph Hospital under the direction of A.J. Reed., M.D.

An outreach project of the Family Practice Center went farther afield to Elk County, Kansas, where the Claypool Family Practice Center was established. It was named for the late Dr. J.G. Claypool, the last practicing physician for Elk County, which had not had a resident doctor since 1967. The center was made possible through a \$16,000 grant from the Kansas Regional Medical Program with \$14,000 collected from residents in Howard, the county seat. Under the direction of Dr. Donnell, a resident and a nurse would fly the 75 miles to



Wichita's first Minor Emergency Center was opened as an extension of St. Joseph's health care ministry January 15, 1970 at Seneca and Pawnee.

Howard in a chartered, single-engine plane each weekday afternoon. Met on the prairie-grass landing field by an Elk County volunteer, they would drive to the clinic to care for patients. A direct communications link duplicated records at St. Joseph and transmitted electrocardiogram reports.

This Claypool Clinic provided invaluable experience for residents who desired to practice in small communities after completing their program. One such man was Dr. Rolin Duncan, who grew up in a rural setting, preferred hunting and fishing to theater and classical music and wanted to live where “everybody knows everybody”.²⁶

Once again St. Joseph showed itself a pioneer in initiating new programs when it opened the only hospital-based alcoholism treatment unit of its kind in Sedgwick County on July 28, 1975. Dr. Paul Wedin closed his own private practice office in order to found and serve as medical director of the St. Joseph Alcoholism Treatment. Program director was Don R. Arnold, who had been senior alcoholism counselor for the government in Saskatchewan, Canada, before coming to Kansas in 1967.

“St. Joseph has been treating alcoholics for a number of years,” said Joseph Heeb, administrator. “But the formalized program uses the team approach. Physicians, nurses, counselors and chaplains all work together in the comprehensive treatment program.”

This inpatient program included a 30-day schedule of lectures, films and orientation to Alcoholics Anonymous and Alanon. It was followed up by continuing counseling sessions on an outpatient basis after people completed the inpatient treatment. Special emphasis was placed on family member participation throughout the process.²⁷

The August 28 issue of *The Catholic Advance* reported ongoing discussions between the Diocese of Wichita and the administration at St. Joseph about the future use of the T-wing as the Catholic Center for the Aging. This wing, which would be vacated in 1976 upon the completion of the tower, would serve as a focus for the programs of care for the elderly and would be leased by the Wichita Diocese. The center would be converted to provide apartment retirement living, self-care, intermediate nursing care and skilled nursing. Bishop David M. Maloney, upon making the announcement, stated, “With the acute

care available in the adjacent St. Joseph Hospital, this provides a total care concept. It is an ideal arrangement and one that will be of great service to our elderly people of all faiths, including priests and religious.”²⁸ It was anticipated that the plan would go into effect by April, 1976.

A memorable event, which called into play many of the hospital’s technological marvels, occurred November 7, 1975, with the birth of Siamese twins. Imagine the thrill of Family Practice residents Dr. Thomas Simpson and Dr. Rodney Barnes, who presided at this birth which had the odds of being one in 100,000. They observed that the girls shared the same umbilical cord and were connected at the abdomen. Born two months prematurely, the twins had the combined weight of five and a half pounds and were placed in neonatal intensive care. A series of X-rays showed that they did not have common organs, except possibly a shared liver. In historical cases of twins with shared organs, surgical separation almost always resulted in the death of one or both children.²⁹

A Wichita pediatric surgeon, Dr. Medo Mirza, separated the twins. Assisting were pediatricians, Dr. Robert Goldberg of St. Joseph’s and Dr. Sergio Bustamente of Wesley. Because they shared the same blood supply, when the anesthesiologist, Dr. Dean Crocker, gave the first child an anesthetic, the other child became sleepy also. During the surgery, the single liver was divided and the twins recovered rapidly.³⁰

One might say that Anna and Millie, the Siamese twins, had a more complicated family life than the surgery had been for them. Their father, who was a hospital employee and was estranged from the mother, kidnapped Millie from the nursery and disappeared. After fifteen months, the twins were reunited in a foster home. Six years later the *Wichita Eagle-Beacon* did a follow-up story and reported that the twins were having a happy childhood with loving and caring foster parents.³¹

All the while, the new tower was rising across Clifton Street as were the spirits of those who had not lost the dream.

CHAPTER VI

DREAMERS, MOVERS, SHAKERS



*We are the music makers
And we are the dreamers of dreams..
Yet we are the movers and shakers
Of the world forever, it seems.*

—ARTHUR WILLIAM O'SHAUGHNESSY

1976 was a fitting time for the Dream Tower to become a reality. With all Americans, the St. Joseph family was singing the praises of the first two hundred years of the American Dream. This coincidental celebration added a special dimension to the “music makers” at St. Joseph Hospital, because those who fashioned its vision of the future were not only dreamers but “movers and shakers” who were willing to pay the price to make their dreams come true.¹

For the past eleven years they had lived through the problems involved in long-range planning because of the restrictions imposed by government and financial agencies. When the federal Hill-Burton Grant for construction of the Tower was not forthcoming, Mother Mary Anne's first appeal to the Wichita City Commissioners to issue industrial rev-

enue bonds had been denied. When this request was finally granted in October, 1968, some of the financial pressure was relieved because the interest rate was two points below the going rate for conventional loans.²

Tentative plans were then made to begin construction as soon as possible and to complete the project by 1973. However, financial considerations again delayed groundbreaking ceremonies and necessitated a request by Mother Mary Anne that issuance of the bonds be delayed until September, 1972. Construction was scheduled to begin in late 1972 and to be completed in mid-1975. Once again projected dates proved to be a year too soon, because of unforeseen problems involved both in construction and equipping the new tower.

Paying the price finally pushed the total cost of the building to \$32 million. Dramatically increasing the projected cost were underground water at the site, an overrun of twenty-five per cent in installing utilities, additions and delays caused by government safety and fire codes, and changes in architectural design plans. Another inflationary factor was an increase of more than thirty per cent in what had been projected for medical equipment. This item alone amounted to an additional \$600,000.

Fortunately, former Board of Trustees chairman, Paul Foley, had retired from his post as chairman of Foley Tractor Company and was willing to give full time to the drive for the \$992,069 needed to complete the Tower. In support of the drive, *The Wichita Eagle and Beacon* called it a good investment. An August 23, 1975, editorial pointed out that the hospital's roots and service went back to the Chisholm Trail Days and that the Sisters of St. Joseph were asking for community help for this project, only because "inflation and some other factors have driven up construction and equipment costs... Had it not been for inflation, the hospital's own funds plus the proceeds from the sale of revenue bonds would have been adequate."³

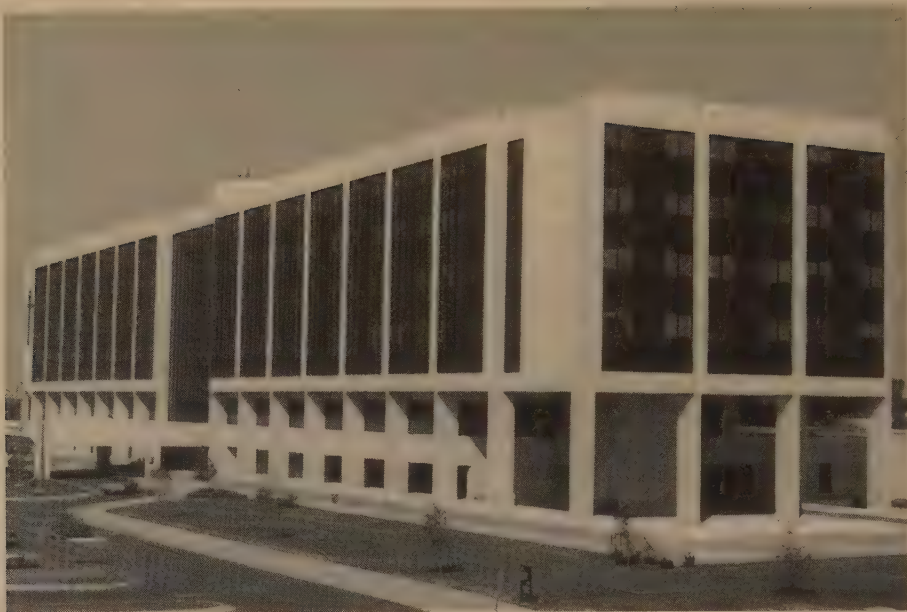
Obviously, the dreamers needed to be very effective movers and shakers to overcome all these obstacles. But in finalizing the Master Plan, they had remembered Habakuk: "Write the vision down clearly, so that one can read it readily." And they had kept up their faith that "the vision still has its time, presses on to fulfillment, and will not disappoint. If it delays, wait for it, it will surely come, it will not be late."⁴

In May, 1976, fulfillment of the vision was at hand. Even moving nearly 300 patients was done in a spirit of celebration. Reflecting bi-centennial solidarity, the Headquarters Company, 1st Battalion, 137th Infantry of the Kansas National Guard and the 368th Finance Disbursing Section of the 89th Army Reserve Command pitched in to help move patients and equipment. A carnation greeted the occupant of each room; and the children were given flags and balloons. Flowers were given to the first woman patient moved into the new hospital and to the first employee patient.⁵

May 15 was a jubilant day. Such a small thing as a spring rain could not dampen anyone's spirits at the dedication ceremony attended by Bishop David M. Maloney, Congressman Garner Shriver and James Donnell, M.D., who was mayor of Wichita at that time. Pomp and ceremony were added to the occasion by the McConnell Air Force Color Guard and the All Saints' Church Boy Scout troop, who together raised four flags before the new Tower. "Music makers" were the Wichita State Brass Quintet. But Mother Mary Anne was so elated that even the quintet did not need to play "Beautiful Dreamer." According to Board chairman, George Powers, "She really had stardust in her eyes," as she could actually see this dream come true.

Its name had been changed on May 1 to St. Joseph Medical Center just as this ultra-modern structure changed the skyline of southeastern Wichita. Visitors taking advantage of the tours offered on dedication day were fascinated by its sheer size and its innovative technology. Overall, there were 432,000 square feet of space in the new building where the latest in functional design was geared to put people first. There were 156 private rooms and 122 semi-private rooms, a total of 400 beds, which brought the bed capacity to 600 and would replace other areas of the facility at 3400 Grand Avenue which were considered obsolete.

Putting people first was shown by coordinated colors of carpeting, draperies and walls to form a pleasing, homelike atmosphere. Moreover, each room had a full tiled bathroom, all-electric bed, lockers for patient clothing, a color television set, telephones, audio-visual nurse calls, piped in oxygen and suction.⁶



The dream came true with the dedication of St. Joseph's tower May 15, 1976.

Along with amenities for highly-personalized individual care of patients, the new facility incorporated unique technology. One of the most attention-catching innovations was the Amscar Automated Material Distribution System. Driverless carts could move tons of materials—food, linens, and supplies—from one department to another along electronic guidepaths embedded in the floor of special service corridors.⁷ These multi-talented “robots” were estimated to save as much as \$75,000 annually and St. Joseph was the first Kansas health facility to make use of them.⁸

Mother Mary Anne's distinctive eye for beauty was readily seen in the new chapel located on the third floor of the new tower. In the entry way, highlighted by a brilliant stained glass window symbolizing salvation, resurrection and eternal life, stood a sculpture of St. Joseph the Worker, the hospital's patron and model. In the body of the chapel, was a Shrine of the Blessed Mother supporting and protecting the Holy Child. Both sculptures were executed by Basanti Studios in Pietrasanti, Italy. The needlepoint semi-abstract Stations of the Cross were stitched by friends of the hospital.



Sister Benedicta Fiechtl prays in the new chapel near the shrine of the Blessed Mother nurturing the Holy Child.

Settling into the new tower did not mean a period of resting on their laurels for Mother Mary Anne and her colleagues. She characterized putting vision into action as “Blending Tradition with Innovation” and, as one person put it, made innovation a tradition at St. Joseph Medical Center. Such a sustained striving for excellence was readily apparent in her next seven years as chief executive officer.

One big concern was the escalation of health care costs, which were burdensome for administrators and for the patients. In order to do everything possible to contain costs, the firm of Naus & Newlyn, Inc., of Paoli, Pennsylvania, was engaged to work with the administration, the division and department heads and other supervisory personnel to improve patient care while effecting savings through more efficient operation. A July 7, 1976, report from these consultants pro-

posed management techniques and evaluated material savings from following the suggested procedures.

It was imperative, however, that St. Joseph continue to acquire the latest technology; and that was a significant factor in higher costs. A few examples of the equipment purchased at this time were a Therapi 4 Linear Accelerator for cancer radiotherapy, a Sequential Multiple Analyzer with Computer, which could perform twenty different tests on serum at the rate of 150 samples an hour, and a Leukocyte Automatic Recognition Computer, that could count and classify white blood cells.⁹

During 1976 the rehabilitation department continued to advance through a \$164,857 vocational rehabilitation grant for remodeling and expanding the center, purchasing new equipment and hiring additional personnel. As a result of this grant, a department of vocational rehabilitation was established in 1978.¹⁰

Once again the hospital's long-standing concern for children surfaced in the institution of a pediatrics intensive care unit. Children from one month to fifteen years of age would have the benefit of full life-support. Betty McMillan, head nurse, called attention to the need for special pediatrics equipment since children do not have the same physical or emotional needs as do adults. Everything in the new unit was child-sized from defibrillators, paddles, and airways to medication.¹¹

During fiscal 1976, the Health Planning Council of Southcentral Kansas awarded three certificates of need enabling St. Joseph Medical Center to continue using 121 private rooms in the B building for acute care and to purchase a CAT (computerized axial tomographic) full body scanner and two hemodialysis units.

A significant innovation introduced in the 1977 fiscal year was the formal opening of an oncology unit, which added a new dimension to the care and treatment of cancer patients. In connection with the unit were the formation of a tumor board, expansion of the tumor registry, increased continuing medical education for physicians and the use of the latest medical machines offering early detection and life-sustaining treatment. A team approach to total care utilized the services of pastoral care, social work, respiratory therapy, physical and occupational therapy, psychiatry, nursing, oncology and surgery as needed.

An outpatient area for patients who did not need hospitalization was available from 7:30 a.m. to 2:30 p.m. Monday through Friday. With the resources of this new unit, St. Joseph was able to provide treatment for cancer patients who previously had to travel to medical centers in major cities.

A unique feature of the oncology unit was the assignment of a primary nurse to each patient. This nurse coordinated care from admission to discharge around the clock, personally oversaw the concerns of both patient and family and encouraged them to verbalize their feelings and anxieties.¹²

In May, 1977, a second Minor Emergency Center was opened at 8981 W. Central, in response to the requests of 675 persons living in West Wichita. Director A.J. Reed, M.D., pointed out that a full range of services would be offered in this satellite clinic. Other 1977 innovations were the introduction of outpatient surgery, the addition of an eight-bed psychiatric intensive care unit, providing a day center for psychiatric patients and becoming the first Wichita hospital to have a practicing music therapist on the staff.

At this time, there was a nationwide concern in the health care field about decisions on life-and-death issues in connection with the new technological equipment which could prolong life indefinitely through artificial support systems. In response to this concern, the Board of Trustees established a Human Values Committee in November, 1977. Its dual purpose was to foster the St. Joseph tradition of Christian sensitivity in patient care and in all hospital activities and to be a sounding board for decisions involved in the medical-moral problems inherent in dealing with complicated issues.

Construction got underway in 1977 on an addition to the Family Practice Center. When it was completed May 21, 1978, it was dedicated and named for Robert K. Purves, M.D., who had served as director pro tem at the beginning of the Center.

Projects and programs initiated during fiscal 1978 in the ongoing effort to improve patient care included a Chronic Pain Clinic. This service treated patients who did not respond to the usual means of easing headaches and pain in the lower back, neck or other areas. Modalities of physical medicine which were employed were various

forms of biofeedback, physical therapy, transcutaneous nerve stimulators to control pain, as well as consultation with neurosurgery, psychiatry and psychology.

Making childbirth a family affair was taken a step farther with the development of a new Birthing Room in the St. Joseph obstetrical department. This bedroom-like labor and delivery room provided the mother with a comfortable homelike setting without compromising medical safety. It also resulted in savings for the patient.¹³

A far-reaching community service which came into being in 1978 was the Remote Pulmonary Function Program, which was launched in order to share the sophisticated resources of St. Joseph with regional hospitals. This innovation was just the third such program of its kind in the nation, with the first two offered by the Mayo Clinic and the Iowa Methodist Hospital in Des Moines. Via telecommunication, St. Joseph serviced twelve remote hospitals stretching from as near as Newton to as far away as Ulysses. Such regionalized sharing of services decreased costs, minimized duplication and increased treatment for more patients through the coordinated effort.¹⁴

1978 also saw a home occupational therapy program instituted. It served persons 60 and over in their homes and gave rehabilitative day-treatment to others in licensed nursing homes. This program was possible through a federal grant to the E.S. Edgerton Medical Research Foundation. During the first year of the program, more than seventy people in Harvey, Butler and Sedgwick Counties were helped to live independently; and occupational therapists made more than 300 visits to home of persons with chronic physical conditions or those recuperating from illness or surgery.¹⁵

Innovation and tradition met once again as St. Joseph expanded a program for developmentally delayed preschool children in 1978. Through a cooperative affiliation between the rehabilitation unit and Starkey Development Center for Retarded, Inc., a full range of services for mentally handicapped children was offered.

During the late 70's and early 80's St. Joseph Medical Center gained prominence as a teaching hospital. Sir William Osler had once said, "The work of an institution in which there is no teaching is rarely first class." Fortunately, St. Joseph had no worries in that department.

Constant intellectual challenge and inquiry were within its walls every day. In keeping with the traditional striving for “the more” of the Sisters of St. Joseph, the hospital could rightfully claim to be a teaching center, since it offered educational opportunities in nine health professions and had programs which would in the course of time be affiliated with 40 different colleges and universities in five states. It was Mother Mary Anne’s contention that teaching good medicine requires practicing good medicine. She also knew from experience that the institution benefits substantially by the number of health care professionals who remain where they have studied. This was particularly true of nurses, whose school dated back to 1896.

The Family Practice Residency instituted in 1971 continued to increase in enrollment and a pathology residency had been added. Moreover, St. Joseph sponsored schools of medical and radiologic technology. Internships were offered in occupational, physical and respiratory therapy; pharmacy; medical records; dietetics; pastoral care; and social work. Opportunities for clinical experience were given to nursing students from Wichita State University, Butler County Community College and the Wichita Central Vocational Technical



St. Joseph's helistop was inaugurated in 1979 on the grounds of Mt. St. Mary Convent, 3700 East Lincoln.

School. With these and other offerings, St. Joseph was fulfilling what Charles Mayo called the two objects of medical education: To heal the sick and to advance the science.¹⁶

Fiscal 1979 demonstrated that Mother Mary Anne had not slowed down in the effort to blend innovation with tradition. After having received approval from the Wichita City Commission for a helistop, a dry run for the service took place January 24. Located on a tract of land owned by the Sisters of St. Joseph at 3700 East Lincoln, the helistop would be used for landing helicopters bringing seriously ill or injured patients, who were being transferred from smaller community hospitals. The services of Midwest Piper Flight, Inc., were engaged to provide this quick movement of patients without the encumbrance of land-bound traffic.

Another of the year's projects was offering three alcoholism workshops for over a hundred local clergy in order to prepare them to recognize and understand the alcoholic as well as the support needed by the person and the family. Also a Child Protection Team was formed in response to the dramatic increase in child abuse. This team, composed of physicians, nurses, social workers, legal counselors and other professionals, acquainted staff and personnel with state statutes covering treatment, care and reporting.

Other events of this year were the opening of a new 20-bed psychiatric unit July 9, 1979, the expansion of Family Practice to include a rural residency in Colby, and moving Minor Emergency Center South from 1038 West Pawnee into a new building at 2850 South Seneca.

But the innovation getting closest to the centuries-old tradition of the Sisters of St. Joseph appeared in Mother Mary Anne's realization that concern for the "dear neighbor" begins at home. Sensitive to the fact that an employee's personal problems come along into the workplace and affect both job performance and co-workers, Mother first engaged a firm called EMPAC—Employee Assistance Consultants—to provide employees with counseling. In the course of time, this service was seen to be so important that Mother Mary Anne and her administrative team decided to implement their own Employee Assistance Program (EAP). The first director, Gary Morgan, remained only one

year and in that span of time was unable to set up a far-reaching program. In 1986, during the administration of Joseph Heeb, Sister Marie Veronica Janousek was asked to revitalize EAP, which was known by the name of ACCESS. In 1988 Terry McGeeney succeeded Sister Marie as ACCESS EAP director. Besides servicing the employees of St. Joseph and its sister institutions, he opened ACCESS EAP to the business community. In 1995, it served 65 companies in 22 states. These included banks, hospitals, aviation, construction and business organizations, served by an ACCESS EAP staff of seven counselors available around the clock.

Among other innovations of Mother Mary Anne's remaining time as chief executive officer, the Minor Emergency Center West moved to a new location at 8615 Frazier on April 24, 1982. Still a third MEC opened July 19 of that year at 2456 North Woodlawn to serve north and east Wichita. Then a new children's psychiatric unit opened January 23, 1983. It served youngsters from three to twelve years of age on 7-West in a cooperative venture with the University of Kansas School of Medicine—Wichita. On March 31 ground was broken for another addition to the Family Practice Center with a projected completion date of September, 1983.¹⁷

With the March 16, 1983, issue of *Scope* came the announcement that Mother Mary Anne would retire as of August 10 after twenty-two years of dynamic leadership at St. Joseph Medical Center. The good news accompanying the announcement was that she would not be leaving the hospital entirely because she would remain as a consultant on financial development as the first director of the Mother Mary Anne Foundation, an entity created in her honor to procure continuing financial support for St. Joseph and its patients.

For anyone who would succeed her, Mother Mary Anne was a hard act to follow. Her fearlessness in taking risks and her capacity to hold on to dreams whatever the odds against them had made the hospital a strong health care center in which positive change was a way of life. But for Joseph A. Heeb, the transition would be no problem, since he had been her second in command ever since she came to head St. Joseph back in 1961.

But their collaboration went back farther than that. As general

superior of the Sisters of St. Joseph of Wichita from 1948 to 1960, Mother Mary Anne had overall responsibility for the congregation's hospitals. With this in mind, she set up a Central Office located on the motherhouse grounds to assist in their administration. It had been in operation only two years, when she hired Joseph Heeb, as the first purchasing agent for the congregation's hospitals in 1951. After filling that position for ten years, he came with Mother Mary Anne to St. Joseph as an associate administrator. When the medical center became separately incorporated in 1966, Mother Mary Anne became president and chief executive officer and Heeb moved up to the position of administrator.

But during those twenty-two years of working with Mother Mary Anne, Heeb was not merely an understudy. As he shared her dreams, he most frequently acted as her "mover and shaker" in bringing vision to reality. It goes without saying, then, that he needed no orientation to his new position, since he was already thoroughly acquainted with every aspect of the operation of the institution. Appointed to serve as administrator and chief operating officer was Sister Mary Alice Girens, who had been president and chief executive officer of the Pratt Regional Medical Center since 1980. Following six Sister administrators, Heeb became the first layman to head their hospital on Magic Hill.

But the change from religious to lay leadership in Heeb's case was another natural, since after thirty-two years of working with the Sisters of St. Joseph, he not only understood their charism and mission but totally endorsed their philosophy of ministry and health care. Mother Mary Anne knew for certain that her legacy of blending tradition with innovation would live on in Heeb. Providentially, he even had a name that attested to that—Joseph.

In his first year as CEO, Heeb was faced with what he called "Challenge and Excitement...The challenge is obvious," he said. "Everyone in the hospital business is well aware of traumatic changes related to financing health care. The excitement comes in meeting that challenge with innovative approaches."¹⁸

One of those innovative approaches was an OB prepayment plan that increased maternity admissions by 25 per cent. Another was the



The sculpture of St. Joseph heading the Holy Family had a special meaning for CEO Joseph Heeb. Located in the hospital Lobby, it expresses sensitivity for all families whose members come for care.

introduction of a Stress Management Center that attracted an unprecedented number of business and professional personnel. According to Neil Aldoroty, M.D., program director, "This Stress Management Center is unique in the U.S. It's the only place one can find inpatient, outpatient and education, all in one program." As an additional service to the community, the center sponsored a free call-in service, STRESSLINE, which handled over 1400 phone calls during its first year of operation.¹⁹

Also during Heeb's first year as CEO, the home health program expanded in order to provide follow-up services for patients after their dismissal from the hospital. But the accomplishment which he valued most was the fact that although the local economy had been weak and there had been reductions in patient census in some areas, the medical center had not had to have an employee layoff. Moreover, statistics showed that St. Joseph employees earned a more generous benefit pack-



Cutting the ribbon at the new oncology unit October 23, 1984, were from left, Joseph Heeb, chief executive officer; Darlene Cover, head nurse; Father Ronald Gilmore, vicar general of the Wichita Diocese; and Bob Stephan, Kansas attorney general.

age than did the average worker across the U.S. At that time, employee benefits accounted for 37.5 per cent of the St. Joseph payroll.²⁰

In September, 1984, ground was broken for a patient fitness center scheduled for completion in 1985. A new Oncology Unit was ready for use October 23, 1984. On hand to help Heeb cut the ribbon were Father Ronald Gilmore, representing the Diocese of Wichita; Bob Stephan, Kansas attorney general; and Darlene Cover, head nurse. During that same month, another community service was instituted. The Find-a-Physician, program was intended to take the guess work out of locating a doctor, one who would agree to see the patient within forty-eight hours. This service began October 8, 1984.

In 1985 Heeb's administration continued to add services to meet the needs of the community. The LIFE center, which stands for **L**-ife **I**-mprovement **F**-or the **E**-lderly, opened to deal with the stress-related and psychiatric problems of the aging. The only such facility in the State of Kansas, it treated 450 patients in its first year. Approximately, 72 per cent were able to return to home settings following treatment.²¹

Another service initiated in 1985 was the Diabetes Treatment Center, which cared for more than 1,100 patients in its first year of operation. Physician advisers were Richard Guthrie, M.D., and Olga Tatpati, M.D., who enabled the Center to set up outreach clinics in five cities, including one in Illinois. In August, 1987, the Center was given special recognition by the American Diabetes Association for quality patient care.²²

The Neonatal Transport Team, instituted in 1985, far exceeded expectations in its beginning year. By September, 1986, the team had handled 30 transfers of critically ill newborns by air or ground ambulance from Salina, Pratt, Lyons, Dodge City, Wellington and from St. Francis in Wichita. A WATS line was available for parents and continuing reports were made to referral hospitals and physicians.

A major "bricks-and-mortar" project came to fruition during Heeb's tenure. This was the Outpatient Services Building which had been in the dream stage as far back as 1974. Expected for occupancy in June, 1985, the building would house the new emergency department with seven examining rooms and two critical care rooms along with a patient holding area. Occupying the lower floor beneath the



Bishop Eugene J. Gerber greets Terence Scanlon after dedicating the Outpatient Services Building in 1985. At left, back of camera, is Sister Mary Alice Girrens, administrator. Center from right is Sister Antoinette Yelek, then general superior.

emergency area would be space for EEG, nurses' conference rooms, employee health, and an area for mechanical equipment. On the third level above the emergency department would be an Education Center with a 240-seat conference room with rear-screen projection capabilities and a food serving area.

The completion of this facility allowed for the former emergency area to be remodeled to accommodate additional outpatient services.

Heeb looked on with satisfaction March 31, 1986, as hospital history was made with the signing of a "pledge of cooperation" between St. Joseph and St. Francis medical centers. As Mother Mary Anne's mover and shaker, he had attended joint meetings of all the health care institutions in Wichita over the years when competition rather than cooperation seemed to be the general attitude. Once he remarked on such a gathering by saying, "We were all sitting there with our cards up close to our chests."

In a solemn ceremony held at the Wichita Area Chamber of Commerce, Sister Antoinette Yelek, as general superior of the Sisters

of St. Joseph and president of the CSJ Health System, signed for St. Joseph Medical Center. Sister Julietta Mendoza, provincial of the Sisters of the Sorrowful Mother who operate St. Francis, signed on behalf of St. Francis Regional Medical Center.

Commenting on the signing, Heeb said that there were other areas of cooperation which the two institutions could undertake besides the current implementation of the Kansas Health Plan, a component of HMO Kansas, and a planned joint preferred provider organization.²³

Safeguarding the spirit of serving as Joseph served Jesus and Mary, the medical center introduced the CARE program in May, 1986, under the leadership of Sister Mary Alice. A special feature of this effort was an "I Caught You Caring" award for employees who excelled in sensitivity to patients.

A project which greatly enhanced the image of St. Joseph as a home-oriented place had been planned by Heeb and came to fruition in the months following the end of his tenure October 1, 1986. This was the renovation and redecoration of the Harry Street entrance which provided a much warmer atmosphere for the sculptured Holy Family group, symbolizing the family-centered care of the hospital.

The east end of the lobby was converted to an admissions area situated for patient convenience in an attractive setting. The project was completed November 10.

Although Heeb left the top position at St. Joseph, he did not discontinue his service there. Instead he became president of the St. Joseph Health Corporation and served in this position until August 1, 1987. Heeb, then referred to affectionately as the Kansas "elder statesman of health care", ended a productive twenty-six years of leading the medical center into the future.

The nationwide search for Heeb's replacement resulted in applications by seventy-six executives who were attracted by the excellence of St. Joseph Medical Center and the reputation of Wichita as a strong medical community. A final short list of five received interviews by the Board of Trustees Search Committee. Their choice was Gerald S. Cambron, senior vice-president and chief operating officer of the 615-bed Oakwood Hospital Corporation in Dearborn, Michigan. Cambron

brought to the position of chief executive officer a wealth of experience in health care, particularly in the fields of administration, finance and education. Much of his work had involved programs that closely paralleled existing and projected services at St. Joseph.

But Cambron's tenure, which began on October 1, 1986, was destined to be a short one; and his resignation in April, 1987, seems to have been the result of certain irreconcilable differences with the sponsoring group about management styles. While the Trustees sought a replacement, Gregory Guntly, head of the CSJ Health System, acted as interim CEO.²⁴

During Cambron's short term, Lu Duerksen was named the medical center's first gerontology coordinator in early 1987. She set about becoming familiar with already existing programs for people over age 60, packaging these services, supplementing them and then assuring their promotion among the appropriate audiences. This new emphasis on older adults looked on later years as a part of life's journey not a destination and as an important dimension of the St. Joseph tradition of family care. The program expanded to include more than thirteen special services for older adults.

In June, 1987, a free community service, Ask-a-Nurse, received 1200 calls during its first month of offering health information, physician referrals, direction for community resources and hospital-based information.

The search for a new CEO ended in Kearney, Nebraska, where LeRoy E. Rheault served as president of the Good Samaritan Health System. He had also had hospital administrative experience at Sacred Heart Hospital and its nursing home in Yankton, South Dakota, as well as at Coteau des Prairies Hospital in Sisseton, South Dakota. His appointment was approved by the Board of Trustees November 18, 1987, and he was to begin his tenure as CEO January 18, 1988.

Impressed with Rheault's grasp of hospital operations, Greg Guntly had said, "I expect to see much attention focused on the internal workings of St. Joseph." That statement proved to be prophetic. Intent on building on the health care legacy of those who had preceded him, Rheault spent little time dreaming and immediately



LeRoy Rheault became chief executive officer of St. Joseph Medical Center January 18, 1988.

proved himself to be the equal of any “mover or shaker” who had taken the medical center to where he had found it.

Putting into play his considerable business acumen, Rheault tackled the hospital’s bottom line immediately, since these were troublesome times financially for practically all health care institutions. His efforts were so successful that in the seven-year period from 1987 to 1994, the hospital was restored to profitability, debt was reduced, cash reserves were significantly increased and all areas of the physical plant were updated and refurbished.

The continuing improvement in the financial picture was reflected in many other “internal workings of St. Joseph” through Rheault’s leadership. The implementation of a Continuous Quality Improvement program, launched in 1989, energized the entire St. Joseph family to unite for the common goal of striving for excellence.

“The mission of CQI links all departments together and encour-

ages us to focus on relationships and systems, rather than rely on individual departments and staff members,” said Paula Ghazarian, when applying CQI principles to infection control.

In a concentrated effort, two-hour quality-improvement presentations were held for all divisions of St. Joseph employees and focused on team work in order to achieve the the desired type of hospital environment. In August, 1991, everyone received CQI pins, which symbolized the medical center’s vision. In explaining this visual reminder of CQI commitment, Sister Helene Lentz stated, “This gold and green, triangular-shaped lapel pin reflects our vision statement. The word ‘service’ is in the center of the pin, along with a cross. The words ‘quality,’ ‘Christian,’ and ‘community’ further summarize our mission.” Sister Helene became Vice-President for Mission Development at St. Joseph in September, 1990. In that position she was charged with the responsibility of permeating the institution with the philosophy of the Sisters of St. Joseph.²⁵

The effectiveness of the CQI program was recognized in 1992 as one of the three finalists in the country for the Witt Award for Com-



Our Vision:

Working together to meet the needs and exceed the expectations of those we serve.

Providing Quality Care through Competence, Compassion and Cooperation

The Continuous Quality Improvement triangle highlights the spirit with which LeRoy Rheault’s leadership permeated St. Joseph Medical Center.

mitment to Quality and in 1994 by the Joint Commission for Accreditation of Health Care Organizations for acting on data results, while other facilities are still collecting information. JCAHO recommended that CQI be a priority goal of all health facilities.

In November, 1989, surgeon Whitney Vin Zant, M.D. introduced the 3000 transmobile lithotripter, a device that used high-frequency shock waves to dissolve kidney stones into tiny particles.

On November 7, a new psychiatric intensive care unit was opened for patients who needed a secure environment but could participate in groups. The unit personnel worked in collaboration with those administering occupational therapy, recreational therapy and pastoral care.

A significant step in the role of St. Joseph Medical Center as a teaching hospital occurred in 1990 with the accreditation of the Perfusion Program, headed by Linda Cantu. This approval made St. Joseph the only hospital in the State of Kansas and one of only thirty in the United States to be permitted to educate technicians to operate the heart-lung equipment during open-heart surgery.

Under Rheault's leadership, the Joint Commission for Accreditation of Health Care Organizations gave its complete approval to the hospital in 1990, after having designated it as tentatively non-accredited shortly before he took office in 1988. This fully accredited status from JCAHO was granted in the last two evaluations, in which St. Joseph Medical Center was the only hospital in Wichita which did not have focused surveys following the JCAHO process.

In November, 1990, a new Addictions Day Outpatient Treatment was introduced to supplement the Primary Evening Outpatient program, which had been operating for nearly a decade. Heading the program was Ray Novak, senior counselor in the Addictions Treatment Unit. Patients treated could be court, physician or self-referred. Still another special service, the Head Injury Day Hospital, was initiated on December 17. This complete rehabilitation program was instituted for brain-injured patients who needed continuing specialized care but no longer required hospitalization.²⁶

The January issue of *Scope* electrified the hospital family with its listing of so many employees who had been called up for active duty

in Desert Storm. As their prayers and support went with these reservists, personnel in several St. Joseph departments were starting 1991 in new locations. With the completion by the Diocese of Wichita of the Catholic Life Center, the F and H Buildings had been vacated. Moving day was January 4 for Nurse Case Management and Internal Audit. Third Party Reimbursement moved January 22. Already in the new setting were the Business Office, Budget and Accounting Departments, all of which had moved in December, 1990.²⁷

Another effort insuring continuity of care for patients, an eleven-bed short-term Skilled Nursing Unit, also opened in January on 6-West. The unit served cardiac, pulmonary, stroke, neurological and orthopedic patients.

St. Joseph's continued image as a family-centered health care facility became even more vivid in March, 1991, when St. Joseph Inn received its first guests. Located on the west campus, comfortable housing was made available to families of patients at a reasonable price.

The continued effort of St. Joseph Medical Center to serve the community resulted in a joint venture with the neighboring parish for the All Saints Child Care Center, which opened August 19, 1991. Open to hospital employees and All Saints parishioners, the center had 94 slots for children age one to kindergarten. The center was located on the church property west of St. Joseph and housed in a completely renovated former convent.²⁸

In February, 1992, Don Arnold, who was serving as coordinator of St. Joseph's Parish Liaison Program, began a series of inservice sessions to train the staffs of local agencies which serve AIDS patients, the indigent and addicts. The sessions geared towards treating the medically underserved covered counseling techniques, confidentiality, assessments, teamwork, charting, interview skills, family dynamics and the addiction/recovery process. The parish liaison program was developed to reach the medically underserved in Holy Savior, All Saints and St. Joseph parishes as well as members of the Mt. Vernon Presbyterian Church, all in Wichita. It also provided furniture for the Anthony Family Shelter and the Hunter Health Clinic. The program would eventually promote parish nurses.

The new life of springtime, 1992, was reflected at St. Joseph especially in rehabilitation and outreach. On May 6 an open house introduced the new St. Joseph Sports and Rehabilitation Services at Timber Grove Lakes at 889 N. Maize Road. Three registered physical therapists, who were specialists in orthopedic and sports medicine, staffed the site.

In the on-campus rehabilitation unit a unique innovation called Easy Street also appeared in May, 1992. Easy Street modules allowed patients to practice daily activities in a variety of community settings. They would encounter the common barriers and surfaces which they would meet at home or in the community after discharge. The modules included an automobile, grocery market, a restaurant, a bank, a department store, a theater and a bus stop. "Easy Street is a practical approach to a complicated problem," said Mike Floodman, St. Joseph Foundation executive director. "These modular units offer Rehabilitation patients a chance to practice everyday activities in simulated real-life settings."²⁹

When St. Mary of the Plains college closed at the end of the school year in 1992, the School of Nursing which had been a part of



The Leadership Team of the Sisters of St. Joseph which worked with the administration on the proposed merger consisted of, from left, Sister Agnes Weber, Sister Helene Lentz, Sister Marietta Conrardy, Sister Veronice Born and Sister Mary Catherine Sack.

the hospital since 1896 was taken over by Kansas Newman College. Thus closed a 96-year tradition in nursing education.

July of 1992 brought a new leadership team to the Sisters of St. Joseph with Sister Helene Lentz, vice president for Mission Development, elected as assistant to Sister Veronice Born, the new president. Since Sister Helene was able to continue in her position at the medical center, an even closer bond existed between the motherhouse and the hospital.

In collaboration with Sister Helene, Rheault succeeded in uniting all the employees in the acceptance and practice of the same ideals of compassionate service which had been the hallmark of the Sisters of St. Joseph since their founding. This was done by a consistent program of mission/values education for all St. Joseph personnel.

1993 saw the introduction of even more community service programs, which added to the image of St. Joseph as a hospital without walls. In March a sports medicine program was established and has become recognized in Wichita as a distinct leader in this field. Making its debut September 27 was the Teen Heartline for Help. This hotline, providing continuous 24-hour assistance for young people, was directed by Kit Lambertz and staffed by nearly 100 screened volunteers. In 1995 it received honorable mention in the Catholic Health Association's Spirit Award program.

Beginning October 1, 1993, was a new Sexual Assault Center, the first service of its kind in Kansas. Connected with Emergency Care Services, this community program, based at the hospital, involved crisis intervention, evidence collection, testing, care of associated injuries, follow-up counseling, community referrals and public education for prevention.³⁰

While the federal government wrestled with the future of universal health insurance, dramatic changes were taking place in the field of medicine. One of these in particular, the rapidly increasing treatment of patients in physicians' offices or outpatient clinics, had a profound effect on the daily census in acute care health care institutions, including St. Joseph Medical Center. Downsizing of the number of employees and the restructuring of administrative and professional staff became the order of the day. In this process, which took place



In 1994 the medical center was re-verified as a Level II Trauma Center.

between November, 1993, and April, 1994, Rheault went about this delicate problem with the greatest Christian sensitivity. Before being terminated, managers and employees affected were given ample notice and generous severance agreements. The manner in which Rheault handled the entire painful process not only made for a minimal amount of trauma within the organization but also attracted national attention.

The February, 1994 issue of *Scope* announced that St. Joseph had entered into an alliance with Exertech Fitness Centers, which enabled employees to have an alternative to their own Health Enhancement Center. The Exertech centers were located in five Wichita areas.

A much more important announcement for St. Joseph was recorded in the same issue. The American College of Surgeons had recently re-verified St. Joseph emergency services as a Level II Trauma

Center. The department was commended for community education and prevention efforts, cooperation between Emergency Care Services staff and trauma surgeons, as well as the overall organizational capabilities and quality of the staff.

Also reported in the February, 1994 *Scope* was Rheault's speech to the St. Joseph Retirees' Club on health care direction. This was just one example of his consistent effort to communicate to all facets of the hospital family. His visibility, communication skills and his efforts at empowerment resulted in significant improvement in medical staff relations and in employee morale.³¹

In addition to his outstanding communication processes, Rheault emphasized participative management at all levels of the organization. Interdisciplinary patient care improvement teams were established to improve patient satisfaction. All employees were encouraged to participate on CQI teams. Moreover, employee input in decision-making was valued and sought. Rheault modeled and inspired employees to live the Sisters of St. Joseph spirit of striving for "the more".

In this climate of employee empowerment, innovative changes in nursing practice took place at St. Joseph Medical Center under the visionary leadership of Donna Swindle, who served as Senior Vice president for Patient Care Services in Rheault's administration.. The practice of nursing was elevated to a professionalism enviable by many other medical centers nationwide. Under Swindle's direction, providing the highest quality of care to the patient with competence and compassion became the driving force of all patient care activities. Nurses were empowered and encouraged to exert initiative and leadership in the care of the patient. Several new programs which gained national recognition were developed. They were clearly focused on the mission of providing the utmost quality and patient-focused care. Some of these were nurse case management and patient case redesign.

Rheault demonstrated in a striking way that he shared with Mother Mary Anne an eye for beauty, when he undertook an ongoing patient-centered remodeling and beautification of the entire medical center. Other accomplishments on a more mundane level were improving the hospital's market share by recruiting twenty-two pri-

mary care physicians and leading St. Joseph to partnership in Preferred Health Care and Preferred Plus of Kansas.

One of two highly significant accomplishments which culminated in 1995 was the planning and developing of a Surgery/Recovery Center as a joint venture with local physicians. This 33,000 square-foot hospital, located at 2770 North Webb Road, opened April 3. It was a limited partnership of more than thirty Wichita physicians and business professionals and an affiliate of St. Joseph. Specializing in outpatient surgery and low-risk, elective operations, it was unique because it was the only such center in Wichita with extended recovery beds. Available were eleven bedroom suites for patients requiring a short stay after surgery.

The second notable achievement of 1995 was the acquisition of what became known as Our Lady of Lourdes Rehabilitation Hospital. Formerly called Health-South, this superbly equipped rehabilitation center was an extension of the program established in 1959 and which had earned an enviable reputation for superior treatment over the years. A grotto of Our Lady of Lourdes was erected on the grounds through the generosity of Mr. and Mrs. Mike Lynch and the hospital



Our Lady of Lourdes Rehabilitation Hospital was dedicated April 2, 1995.

auxiliary. A chapel was being built when the facility was dedicated by Father Ronald M. Gilmore, vicar general of the Diocese of Wichita, April 2. Our Lady of Lourdes is located at 1151 North Rock Road.

While these important happenings were taking place, a much more enterprising event in the history of St. Joseph Medical Center was unfolding. Rheault was deeply involved in bringing about a merger between the CSJ Health System, which includes St. Joseph Medical Center, and Wichita's other Catholic healthcare organization, the St. Francis Ministry Corporation, which is the parent company of St. Francis Regional Medical Center.

It had been the desire of the leadership teams of both congregations to collaborate rather than compete, when in March, 1986, a pledge of cooperation had been signed by Sister Antoinette Yelek for the Sisters of St. Joseph and by Sister Julieta Mendoza for the Sisters of the Sorrowful Mother. Although the dream did not immediately come to reality, it was kept alive by the general superiors and came to fruition in the tenure of Sister Veronice Born. Trends in health care truly necessitated such a merger of the two organizations and made it desirable to both groups.

With the same characteristic bent toward open communication, Rheault kept whatever was occurring in the merger process before the entire St. Joseph family so that their anxieties about the future could be allayed. Moreover, his seemingly effortless way of dealing with every aspect of health care and administration culminated in his appointment as President and CEO of the regional health system when the merger is consummated. He was also chosen to head the CSJ Health System in the interim before the merger takes place. This historic event is expected to transpire in the fall of 1995 and will bring an enduring record of 116 years of compassionate and competent health care as an autonomous institution to a close. But St. Joseph Medical Center will continue to serve "As Joseph Would" even though under a new name and with new collaborators.

EPILOGUE



A French poet once said that to leave is to die a little. In 1995 we are experiencing the full meaning of that line as we die to our beloved St. Joseph Medical Center as an autonomous institution.

He also said that to die is to leave a little. Indeed the truth of that statement is obvious in all the dedicated people, whose unique contributions have made St. Joseph what it is and who have left behind a priceless piece of what they were, what they had and what they could do to serve the “dear neighbor”.

It is as if each one had left one small tile fitted into a mosaic making up the panorama of 116 years of loving and competent service. That panorama would be flawed and incomplete if even one tiny piece of the mosaic were missing.

As we contemplate that whole picture, we seem to see each Sister, administrator, trustee, chaplain, doctor, nurse, professional, supervisor, staff member, employee, auxilian, volunteer adding a special and enduring dimension to the St. Joseph story.

Actually, the movement of St. Joseph into the next volume of its history can be compared to the Death-Resurrection mystery. Jesus had to die to His earthly existence to enter into His risen, glorified life. So too we die to St. Joseph Medical Center as we have known it in order to find new life in a future entity of which it will be an integral part. As God's plans unfold in the merger process, He seems to be saying to us: "I know the plans I have in mind for you, plans for peace not disaster. I hold a future full of hope for you." (Jeremiah 29: 11)

Resting in this assurance and keeping in mind all that God has already done for us, we trust that however the structure may change, whatever the new name will be, nothing is lost. Our little piece of the action is stored up there; and it will form a valuable part of something greater than ourselves as long as we continue to serve "As Joseph Would".

APPENDIX A

VALIANT WOMAN



Mother Mary Anne McNamara was one of those larger-than-life characters, whose legacy lives on because of distinctive qualities which complement each other and enable them to get things done. First and foremost, she had remarkable vision, a gift prodding her to look beyond what was to what could be and keeping her always ahead of her time. Coupled with such foresight was that elusive thing called charisma, the personal magnetism which attracted all the right people to espouse her bold plans and work with her to bring them to fruition.

But Mother Mary Anne lived in no fantasy land. She was one of those dreamers who consistently translated vision into action and who knew how to make innovation a way of life without sacrificing cherished traditions. Throughout her professional career, she demonstrated that she was not afraid to take risks; and having once decided on a course of action, she persevered in her resolve with an iron-clad determination in the face of every obstacle.

These qualities characterized her twenty-two year administration

at St. Joseph's and had been readily apparent in the twelve previous years, when she served two terms as general superior of the Sisters of St. Joseph of Wichita. Under her strong leadership from 1948 to 1960, the number of schools staffed by the Sisters nearly doubled. Four new hospitals were sponsored. The hospitals already operated by her religious congregation were remodeled and modernized; and the community's ministries of education and health care were extended from the midwest to California, Texas and Oregon.

In order to enhance the administration of the hospitals which the Sisters of St. Joseph sponsored, Mother Mary Anne set up in 1949 a Central Office based at the motherhouse in Wichita and instituted central purchasing for the institutions. Over the years, this Central Office continued to expand services to the member hospitals and came to be known as Coordinated Services. Eventually, it evolved into what was designated as the CSJ Health System of Wichita, Inc., with corporate headquarters at 3720 East Bayley on the motherhouse campus. In 1995 the CSJ Health System included seven hospitals and five senior facilities in three states.



The Central Office founded by Mother Mary Anne in 1949 eventually became the CSJ Health System of Wichita located on the motherhouse campus.

Mother Mary Anne's sensitivity to human needs, however, reached far beyond national borders. Hers was a global vision which inspired her to comply with a request to establish a Catholic hospital in Kyoto, the ancient capital of Japan where she sent three sisters to carry out this commitment in 1950. Continuing to serve the Japanese people in 1995, the Kyoto regional community, consisting mainly of native Japanese sisters, was operating a hospital and school for children with disabilities, a retreat house, a home for the aging, a kindergarten and a day nursery.

Closer to home, Mother Mary Anne's penchant for taking risks led her to undertake what many considered "the impossible dream"—that of founding St. Mary of the Plains College to replace the Old Academy which had been destroyed by a tornado in 1942. Her vision of what would become the only four-year college in a sparsely populated 60,000-square-mile area included a realistic preparation to insure its success and excellence. Not only would she erect an architectural masterpiece, Hennessy Hall, but she would also send sisters to prestigious colleges to earn the advanced degrees needed to provide



In 1952 Mother Mary Anne founded St. Mary of the Plains College, Dodge City Kansas.

students with “Excellence in education for a career of consequence”. From 1952 to 1992, the College in Dodge City served not only Southwest Kansas but numbered among its graduates over 7,000 students living in all fifty states and eleven foreign countries.

Before her tenure as general superior, Mother Mary Anne had garnered nineteen years of health care experience to bring to St. Joseph’s. Her first assignment as a Sister of St. Joseph was that of medical record librarian at Wichita Hospital in 1929. That was just four years after the Sisters had taken over the administration of the facility. She also served as administrator of Wichita Hospital from 1939 to 1942, when she was appointed to head St. Anthony Hospital in Dodge City. After two years in that position, she became administrator of Mt. Carmel Hospital in Pittsburg from 1944 to 1948, the year in which she was elected general superior of the Sisters of St Joseph of Wichita.

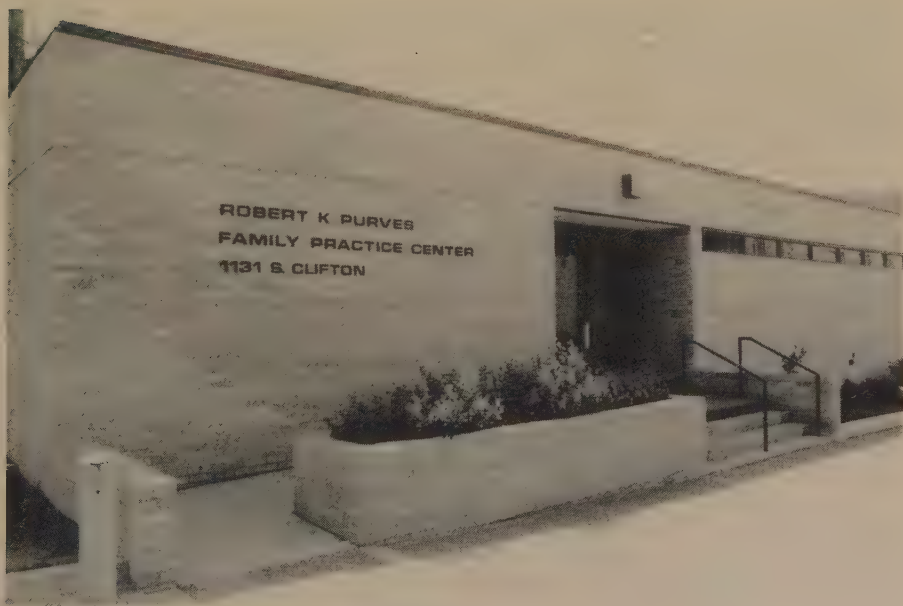
With this record of experience and her outstanding combination of personal qualities, the accomplishments of Mother Mary Anne at St. Joseph’s came as no surprise. Taking charge in 1961, her ability to involve community leaders in hospital affairs came to the fore in every one of her efforts towards expansion and construction. But her keen insights envisioned giving these people a much more meaningful role than that of consultation and cooperation. Her dream was to have them comprise the governing board of the institution; and she was able to bring this to reality in 1966, when St. Joseph’s became the first of the institutions operated by the Wichita community to be separately incorporated. Having their ties to the institution given authority by becoming its Board of Trustees quite naturally deepened the interest and involvement of its members in implementing both long-range plans and continual updating in medical care.

One of Mother Mary Anne’s crowning achievements, which continued to flourish in 1995, was emphasis on the rehabilitation department. A new rehabilitation wing was under construction when she became administrator in 1961 and through her leadership built up an enviable reputation because of its “success stories”. Because of the excellence of this service, it has been said that people walk out of St. Joseph’s who would come out in wheelchairs in less effective rehabil-

itation centers. Because of this notable service, the hospital became known as St. Joseph Hospital and Rehabilitation Center in 1962. In 1995 the department expanded to include the new off-campus Our Lady of Lourdes Rehabilitation Hospital. Outpatient therapy continued to be administered on campus at St. Joseph Medical Center.

Of all her efforts to provide facilities, Mother Mary Anne took particular pride in the construction of the seven-level tower, a 400-bed addition, which was completed in 1976. Her comment was, "Now they won't say we're just that little hospital on the east end of town." Indeed making St. Joseph more than "that little hospital" called forth every bit of her considerable store of "stick-to-it-tiveness" as over a decade of planning and effort preceded its opening. With the completion of the tower, "that little hospital on the east end of town" became St. Joseph Medical Center in 1976.

Two other notable innovations made during Mother Mary Anne's tenure were the completion of the first free-standing family practice building in 1971 and the significant outreach to the community in setting up the first of St. Joseph's Minor Emergency Centers in 1975 to



The Family Practice Center opened in July, 1971.

serve southwest Wichita and the surrounding area.

Obviously, Mother Mary Anne's unique qualities did not develop in a vacuum but were nurtured by her parents, Lawrence and Ann McNamara of St. Louis. Named Grace McNamara, she grew up with seven other siblings and was educated by the Religious of the Sacred Heart in an exclusive private school in St. Louis. While attending St. Louis University, she became acquainted with the Sisters of St. Joseph of Wichita and mustered up the courage to run away from home, literally, to enter their convent, since her mother was totally opposed to her religious vocation. When she received the habit March 19, 1928, she was given the name, Sister Mary Anne, at the age of 27 and made final vows in 1933, while stationed at Wichita Hospital.

Mother Mary Anne's leadership in the health care field brought her much recognition and many awards. Three Kansas governors appointed her to the state Board of Health. In 1972 the Kansas Hospital Association gave her the Charles S. Billings Award for "distinguished service and contributions to the health and hospital field in Kansas."

The Wichita business and professional community recognized Mother Mary Anne for being caring and creative, intelligent and innovative. She was named president of the Hospital Council of Metropolitan Wichita, a member of the Advisory Board of the Sedgwick County Board of Health and a director of the City Bank of Wichita. In 1971 she was appointed by the City Commission to the Medical School Advisory Committee and served as a founding member of the Wichita branch of the University of Kansas School of Medicine.

A point that should not be overlooked in any account featuring Mother Mary Anne was that she enjoyed life and liked to have fun. Two great loves of her life were the St. Louis Cardinals, whose mementoes crowded her office, and Ireland, whose flag was displayed near her desk. Not only did she attend the World Series when the Cardinals were involved but she also made trips to Ireland to trace her Irish roots. Her founding of the Emerald Ball in 1963 demonstrated her attitude toward life, since it annually commemorated St. Patrick's Day and provided a night of sheer entertainment for the Wichita populace.

When Mother Mary Anne retired from the position of chief exec-

utive officer in 1983, it was in one sense the end of an era. But as part of her enduring legacy to St. Joseph, she was succeeded in an important transitional period by Joseph A. Heeb, whom one might say she had groomed for the job. In 1951, he had become one of the very first employees in the Central Office which she had founded in 1949 and worked with Mother Mary Anne and the Sisters of St. Joseph from that time on.

The continuity provided by the leadership of Joseph Heeb lasted for three short years. But Mother Mary Anne left to St. Joseph Medical Center a far more enduring and valuable legacy.

Her orientation towards family health care was deeply inbedded in the mission of St. Joseph. Her spirit of ongoing progress, innovation and risk-taking remained alive and well. Her gift of involving others to use their gifts for something greater than themselves was vibrant in the trustees, employees, auxiliary members and volunteers.

Over and above all that, she radiated a deep spirituality and prayerfulness which overflowed into everything which Mother Mary



In Ireland Mother Mary Anne traced her roots to an ancestor named Fireball McNamara.

Anne did and enabled her to display her characteristic courage. To each and all, Mother Mary Anne's example rang out in accents loud and clear the words of Jesus: "Launch out into the deep." To that she would add, "Follow the promptings of the Spirit. Turn a deaf ear to the naysayers, who say it can't be done. The Divine Physician is 'with you always until the end of the world'." (Matthew 28: 20)

APPENDIX B

BEHIND THE SCENES



There is an old saying that the more things change, the more they stay the same. And there are some things which one hopes will not change. One of those things is the track record of women's contributions to health care in Wichita. It was women who in 1879 brought into being the humble little Rescue Home which would eventually become St. Joseph Medical Center. These women were always there in times of disaster, looked out for the poor and provided the means to meet their pressing needs in season and out. As an ecumenical group, women formed the first governing board of the hospital; and its first administrator was a woman.

In 1925 the sponsorship of the hospital changed but women continued to be the key players in its operation. A group of religious women, the Sisters of St. Joseph, began to manage Wichita Hospital. Like the Protestant women who had founded the institution, they were concerned about the sick poor, regardless of religion or race. Women religious served as administrators from 1925 to 1983 and were succeeded by three lay men. The governing board in 1995 consisted of both women and men.

The original ecumenical tradition continued in the Wichita Hospital Women's Auxiliary formed in 1938 and was alive and well in 1995 in an organization made up of members from many different denominations. Over the past fifty-seven years, this dedicated group, working quietly behind the scenes, has responded to needs which could not have been met without their generosity. They served as a support group to the hospital long before such a term was popular. By 1995, however, the word "Women's" had been deleted from the Auxiliary's title, since an ever increasing number of men joined this behind-the-scenes group to serve along with the women.

What the Auxiliary is all about is stated concisely on a small brochure as follows, "St. Joseph Medical Center Auxiliary is an unincorporated voluntary association of individuals...Their main purpose is to dedicate their time and talents to advance the interests and contribute meaningfully to the high quality patient care of St. Joseph Medical Center." From the beginning this dedication has translated into action with an incredible intensity and boundless enthusiasm. Proof that these attitudes were bound up in the very roots of the Auxiliary was recorded in a short history of the organization. According to this account, back in 1939 four men, Doctors E.S. Edgerton, George Morrison and T.S. Finney along with Jack Vickers, dubbed themselves the Bazaar Bachelors, because their wives were so totally involved in this fund-raising activity for Wichita Hospital.¹

That event occurred just one year from the very first auxiliary meeting held on February 17, 1938. The birth of her son at Wichita Hospital gave Mrs. Nell Vickers Springer a behind-the-scenes look at the work of the Sisters there and inspired her to promote the organization of a group to help them obtain things which they could not afford but which would greatly enhance their work and make it more efficient. At the historic organizational meeting, the charter group elected as president, Mrs. Jack Erhart, who lost no time in getting the newly formed Auxiliary moving on a series of fund-raising projects, which in the first year included a play review, dessert social and bazaar.

Most lucrative was this first bazaar, which netted \$1,232.32. This sum was put to immediate use for dishes, silverware and trays for the

diet kitchen; and it was especially gratifying to the women that they could allot this money to meet the needs of Sister Rose Angela Meirowsky, since she had cooked all night to prepare food for their bazaar.² Another enduring tradition inaugurated during that first year was the practice of the Sisters of St. Joseph to treat the Auxilians in gratitude for their support. In 1938, the last meeting of the year was a tea and entertainment at Mt. St. Mary Convent. This custom has continued in the annual Christmas Open House and Membership Luncheon hosted by the Sisters and the St. Joseph administration.

In the Auxiliary's second year, its fund-raising projects picked up momentum under the presidency of Mrs. Jack Vickers. The bazaar in 1938 netted \$3547.87, a sum which almost tripled that of the previous year. That money went to procure a Mills Master Freezer and Cabinet, lights and equipment for the operating room and a dishwasher.³

During the 1940's several factors caused a lull in auxiliary activities. One was the death of the president's husband, Jack Vickers. Another critical factor was the fact that the new St. Joseph Hospital to be built on Magic Hill was in the planning and financing stages and a highly organized campaign was being launched to obtain substantial contributions for its construction.⁴ In January, 1941, Sister Mary Anne McNamara gave the members an update on the plans for the new hospital and suggested that they not make any purchases for Wichita Hospital at that time. Then at the request of Mother Prudentia Miller, the group ceased its activities during the 1941-42 year so that there be no conflict between their fund-raising and the city-wide solicitation being undertaken by business and religious leaders.

About the only fund-raiser the group held was a lawn social in 1942. Then after St. Joseph Hospital was finished in 1944 a benefit bridge was held at Blessed Sacrament parish. Then followed a long period of transition during which the Sisters of St. Joseph operated Wichita-St. Joseph Hospital under the two units—one on Magic Hill and the other in midtown on the original site. Once their activities were interrupted, the Auxilians ceased to function from 1945 to 1950.

The Sisters, however, realized that the contributions and involvement of the Auxiliary were entirely too valuable to let this organization go out of existence. Thus, Mother Mary Anne McNamara, then

general superior of the Sisters of St. Joseph, called a meeting of the auxiliary's executive committee June 5, 1950, in order to revitalize it. One month after this session at Mt. St. Mary Convent, the women met again at the School of Nursing and elected Mrs. M.N. Shay president. Under her leadership, Canasta parties were featured for fund-raising and a carnival was held at St. Joseph's parish on South Millwood. Even the city's parochial school children got involved in this project which was intended to contribute to the building costs of a new annex under construction at St. Joseph Hospital.

At this carnival held April 14, 1953, the Auxiliary showed itself to be a step ahead of the city in that the big prize was a television set, although Wichita's Channel KTVH would not start broadcasting until July of that year. Emmet Blaes was the winner but obviously had to wait a while to use his prize.

After this effort, the Auxiliary established a precedent of staging "big time" attractions for fund-raising projects which would later become an established custom for the hospital. They did this by motivating the singer Tony Martin to donate his services for a benefit concert to be given September 14, 1953. Local business men, under the leadership of Henry Levitt and I.W. Siegal, donated the funds for hiring the Ray Anthony band for Martin's backup and for renting the Trig Ballroom for the event. This combination brought a large segment of the Wichita populace to the Ball.

So great were the contributions of Henry Levitt to the success of this project that the Auxiliary awarded him a plaque which also acknowledged that "he consistently upheld the ethical teachings of his faith and has striven consistently to strengthen the intellectual, economic and social foundation of our city, state and nation."⁵

A month after this event, an Auxiliary luncheon was held during which Mrs. Frank Furstenberg, chairman of the ways and means committee, presented Mother Mary Anne with a check for \$20,000 netted from the Tony Martin appearance.

The Auxiliary, however, did not confine its activities solely to fund-raising. An undertaking of a much more humanitarian nature was enrolling in a training program to qualify for a Volunteer Nursing Corps ready to help in time of disaster. Having entered this program



Caring on a tradition, Grace Carr, left, was a 1990s editor of the auxiliary newsletter begun in the middle 1950s. At right is Hazel Swift.

in July, 1954, Auxiliary members were able to use their skills in May of 1955 to assist victims of the tornado which struck in Udall. As many as seventy auxiliarians helped during this time. Such humanitarian efforts continue in the 1990's by Auxiliary assistance with the regular visits of the Red Cross Bloodmobiles to the St. Joseph Medical Center campus.

During the 1955-56 presidency of Mrs. Furstenberg, at least three significant happenings occurred. A baby picture service in cooperation with a Kansas City firm, which supplied equipment and supplies, netted a good profit for the Auxiliary. Then in January, 1956, the Candy Striper program was initiated. This program later became known as the Volunteens and has attracted hundreds of young people to volunteer at St. Joseph especially during the summer vacation. A third important innovation was the publication of a monthly auxiliary newsletter.

At the September 27, 1956, meeting, under the presidency of Mrs. Gordon Mitchell, it was decided to divide the active members into units according to the various departments of the hospital. In this

manner, the auxiliaries, who were always on the alert for the best way in which to promote the work of the hospital, could get a much sharper behind-the-scenes look at its needs.

While the Auxiliary continued its financial support, another dimension was added to its service as a result of a September 21, 1960, meeting called by Sister Roberta La Forge, then hospital administrator. Sister Roberta saw the great need for volunteer services at the hospital. To shore up her opinion, the associate administrator, John Morrow, and the District and State President of Volunteer Services for Hospital Auxiliaries, Mrs. Joseph Haines, both spoke on the subject.

Actually, volunteer services very much enhanced the role of the Auxiliary because the members were brought out from behind the scenes directly into the arena of action to become actual participants on the health care team. This invaluable service which Auxilians and other volunteers rendered to St. Joseph has continued to grow year by year. In 1977 the Auxiliary was recognized by the Hospital Auxiliaries of Kansas for increasing membership by almost fifty and increasing volunteer hours by nearly 5,000 for a total of 35,000. At the 1994 awards luncheon at Botanica, The Wichita Gardens, pins and bars were given to acknowledge a total of 117, 000 hours of volunteer service.

The first director of volunteers employed in 1963 was Dorothy Thompson. In 1995 this office was held by Marian Fell, who was assisted by two coordinators, Dorothy Murrow and Norma Andreo, who also oversaw the gift shops. The growth in this behind-the-scenes staff was reflected in the membership. From the eighteen members when Mrs. J.F. Erhard became the first president in 1938, the 1994-95 Auxiliary Membership Directory listed 324 members under the leadership of Mrs. Alfred Steiner, the thirty-seventh president.

In contrast to special events projects, a truly significant day-by-day means of meeting the needs of the hospital came into being with the opening of the gift shop July 1, 1961. A continuing source of income for St. Joseph Medical Center, the gift shop proceeds were first applied to provide ten beds for the intensive care unit. The success of the gift shop was attributed to a Mrs. Enos Hook, who laid the ground work for the project and through her considerable marketing skills



Intending to be the first Gift Shop customer, Mother Mary Anne received a gift from Alice Hook, first gift shop chairman.

kept it well stocked. This sound foundation has continued; and in the 1990's was matched by the astute buyers who made regular shopping trips to warehouses in Dallas and Kansas City where gift shop items could be procured in order to keep the merchandise up to date and attractive. So successful has the gift shop been that by request, a second such service was opened on the West campus March 9, 1992.

The Auxiliary had dabbled in the "big time" with the Tony Martin concert in 1953 but Mother Mary Anne brought it into focus by initiating the Emerald Ball in 1963. She interested Bill Lear, founder of the Lear Jet Corporation, to contact an old friend, Pat O'Brien, to provide the entertainment for the first Emerald Ball February 23, 1963. Pat and Eloise O'Brien were met at the airport by an official delegation of Auxilians joined by Wichita's mayor, who proclaimed February 23 "St. Joseph Hospital and Rehabilitation Center Day."

Yvonne Underwood Hadley remembers other significant roles which Bill Lear played in the excitement and profit of the first Emerald Ball. Not only did he send a corporate jet to transport the Jan Garber Orchestra to Wichita for the Ball; but while it was in progress, he



Pat and Floise O'Brien visit with Mother Mary Anne at the first Emerald Ball in 1963.

got up on the stage and challenged the doctors to make the event a greater financial success by saying that he would match any further contributions they would make. As a result the physicians shelled out \$4,100 on the spot.⁷

With this kind of start, the Emerald Ball has become a “big time” event on Wichita’s social scene and a rich source of financial support for the hospital. Eagerly anticipated each year, it has been staged thirty-three times at this writing. Its favorite venue seems to have been the Cotillion Ballroom, where it has taken place twenty-five times. It was held at the Hotel Broadview in 1965 and 1966 and at Century II six times in the 1970’s and 1980’s.

For a number of years guest artists were featured as an added attraction. Among the popular entertainers engaged were Phil Ford, Mimi Hines, Judy Canova, Harry Hickox, George Gobel, Bill Dana, Shelley Berman and Carmel Quinn. Big name bands included those of

Norman Lee, Newt Graber, George Hunt, Floyd "Red" Rice, Bob Crosby, Tommy Dorsey and Guy Lombardo. A special feature connected with the Emerald Ball for several years in the 1980's and 1990's was a fashion show and luncheon preceding it.

It is easy to find almost anywhere "behind the scenes" the concrete ways in which the money from these and less ambitious projects have been applied by the hospital's support group. Wherever the medical center was making an effort to provide better facilities or offer additional services, the Auxiliary funds have been at work.

For instance, when St. Joseph began educating residents in 1971, the Auxiliary furnished the new Family Practice Center. In 1976 Emerald Ball proceeds were applied towards the Intensive Care/Special Care Nursery. As outpatient services and minor surgery departments became the latest trend in medical care, funds were used to equip and expand these areas.

During the 1990's the financial support of the Auxiliary has been impressive. Combining the funds raised from the Emerald Ball, the East and West campus gift shops, the annual Mini-Bazaar, the contin-



Addressing invitations to the 1975 Emerald Ball are, from left, Laura Cummings, Yvonne Underwood Hadley and Kathryn Buck.

uing tea-towel project and smaller promotions, the Auxiliary has helped finance such projects as St. Joseph's Inn, where families of patients can be housed economically; Easy Street, a unique training center for rehabilitation patients; the Teen Heartline, which helps approximately 110 young people daily; and the Sexual Assault Center, which opened in 1993. Money has also been applied to scholarships for nursing students and young people enrolled in other St. Joseph educational programs, to promote the work of the hospital ethics committee and assist the Sisters' Japan mission.

Another look behind the scenes reveals the Auxiliary's support in an extensive renovation of the pediatrics department, at Wellness Centers for Older Adults, in the purchase of an innovative heart-lung machine and by producing a video portraying the outreach of the medical center to the Wichita area community.

The Auxiliary's touch was also there when Our Lady of Lourdes Rehabilitation Hospital was dedicated in April, 1995. It was very evident in the beautiful statues of Our Lady of Lourdes and Saint Bernadette which were imported from Italy to be placed in the grotto constructed on the campus of this new extension of the health care mission of St. Joseph Medical Center.

Considering this abbreviated account of its contributions, it should be no surprise that the St. Joseph Medical Center Auxiliary had no problem meeting the comprehensive list of achievements required by the state Hospital Auxiliaries of Kansas in order to qualify for the Gold Award of Excellence. With its superior accomplishments, the Auxiliary made it routine to receive this highest recognition at the annual state meeting.

Sister Helene Lentz, Vice President for Mission Development, frequently told the Auxiliary how indispensable its service was to the work of the medical center. What she said was certainly no exaggeration. For the Auxiliary was always there whenever there was a need which the hospital's budget could not cover. From behind the scenes they came forward to supplement, to enhance and to enrich whatever the project was at any specified time.

To discover the motivation which enabled the Auxilians to be there so consistently, one only has to look at the Auxiliary Prayer,

which says, "Grant us, we beseech Thee, both wisdom and humility in directing our united efforts to do for others only as Thou would have us do."

The key word "united" faithfully reflected the apostolate of unity, which has always permeated every effort of the ministry of the Sisters of St. Joseph. This singleness of purpose of the Sisters and the Auxiliary has been through the years an answer to the prayer of Jesus, "May they all be one. Father, may they be one in us, as you are in me and I am in you." (John 17: 21)

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31. _____, February, 1994.

BEHIND THE SCENES

1. Mrs. Frederick Pratt, *Dedicated to Service: A History of the Auxiliary of St. Joseph Hospital and Rehabilitation Center*. In-house history, St. Joseph Medical Center. no date, p. 4.
2. *Ibid.*
3. *Ibid.*
4. *Eagle*, May 20, 1941.
5. *Beacon*, September 15, 1953.
6. Pratt, pp. 7-8.
7. Interview with Yvonne Underwood Hadley, June 13, 1995

SYMBOLISM

CHAPTER I: Logo of the centennial of the Sisters of St. Joseph of Wichita in 1988.

CHAPTER II: The Fleur de Lis indicates the French origin of the Sisters of St. Joseph.

CHAPTER III: The Greek Crosss, a plus sign, denotes striving for "the more."

CHAPTER IV: The Kansas Fleur de Lis was designed for the seventy-fifth anniversary of the Wichita congregation.

CHAPTER V: The crest of the Sisters of St. Joseph of Wichita.

CHAPTER VI: The logo of St. Joseph Medical Center signifies its family-centered orientation.

EPILOGUE: The symbol of the Trinity and Unity of God represents the consecration of the Sisters of St. Joseph to the Blessed Trinity and their apostolate of uniting all people with God and each other.

APPENDIX A: The Celtic Cross reflects Mother Mary Anne's Irish roots.

APPENDIX B: A symbol showing the result of the contributions of the Auxiliary.

